

COMPLETE USE BLUE INK ONLY
The Housing Authority of Columbus, Georgia
1180 Martin Luther King Jr. Blvd.
Columbus, GA 31906

Application Date _____

Application Time _____

To determine your eligibility for each of our waiting lists, please complete **ALL** questions.
PLEASE SUBMIT WITH PHOTO ID, SS CARD, PROOF OF INCOME.

1. Name of Head of Household: _____

Social Security Number: _____ DOB: _____ Race: _____

Name of Spouse: _____ Sex: _____

Social Security Number: _____ DOB: _____ Race: _____

2. Address: _____ Sex: _____

(Street)

(Apt No.)

(City)

(State)

(Zip Code)

3. Phone No.: _____ Other Contact No.: _____

Email: _____

4.	Household Member (name as it appears on Social Security card)	Date of Birth	Son or Daughter, etc.

5. Disabled: _____ **Are you receiving SSI/Social Security for yourself**

6. Elderly (62 and over): _____

7. Near Elderly (55 and over): _____

8. Veteran: _____

9. Employed _____ **Do you work a minimum of 25 hours per week?** _____

Please answer Y or N to questions 5 - 9

Employer _____

Have you been employed 3 months? _____

10. All Types of Household Income: Estimated weekly or monthly

SS/SSI \$ _____

UNEMPLOYMENT \$ _____

TANF \$ _____

VA \$ _____

CHILD SUPPORT \$ _____

PENSION \$ _____

WAGES \$ _____

OTHER _____

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

**YOU MUST SUBMIT WITH PHOTO ID, SS CARD, PROOF OF INCOME.
IF EMPLOYED, SUBMIT YOUR LAST FOUR (4) CHECK STUBS
IF DISABLED/ELDERLY, PROVIDE YOUR SS/SSI BENEFIT LETTER.**