

Housing Authority of Moultrie 800 4th Ave SE • Moultrie, Georgia 31768

229-985-4162



| Please Print Name of Applicant: | | | | | S | ocial Sec | urity N | umber: | | | |
|--|----------------|--|--------------|-----------------------------|----------------------|-------------------|---------------|---------------------------------------|----------------|---------------------------------------|--|
| Race: | Date of Birth: | | | | Age: Place of Birth: | | | | | | |
| | | | | City: Zip: | | | | | | | |
| Mailing Address is Different: | | | City: | | | | Zip: | | | | |
| Home Phone #: | | | | | | | | | | | |
| FAMILY INFORM | ATION | (LIS | | | <u>MEMBEI</u> | RS THAT | <u>r wili</u> | BE LIVIN | IG WI | TH YOU) | |
| Family Members Name Birth Order | | Age Relation | | n Date of Birth | | Sex | | SS# | | Place of Birth | |
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| ☐ TANF ☐ SSI ☐ SO☐ ☐ RETIREMENT ☐ UN☐ ☐ INTEREST ON CHECK | EMPLOY | MENT | Г □ЕМРІ | LOYMEN | T DONA | ATIONS | ⊐ ОТНЕ | R INCOME | | ns. | |
| □ INTEREST ON CHECKING OR SAVINGS ACCO | | | | PLACE OF EMPLOYMENT | | | | GROSS AMOUNT (MC | | | |
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| Checking \$ Savings \$ | | | | | | | | | | | |
| DO YOU OR ANY MEI | | | | | | | | | | | |
| IS ANY FAMILY MEM | BER TO | BE LI | VING IN | APARTM | ENT PREC | NANT? | YES | NO | - 9 | | |
| DO YOU OWE AN OUTS | TANDING | G UTIL | LITY BILL | TOTHEC | CITY OF MC | OULTRIE Y | ES | | | | |
| HAVE YOU EVER LIVE | | | | | | | | | | | |
| IF YES PLEASE LIST WH | | | | | | | | | | | |
| PRESENT LANDLORDS NAME | | | | | | | | | | | |
| HOW LONG HAVE YOU | | | | | | | | | | | |
| PREVIOUS LANDLORDS NAME DID YOU EVER LIVE AT SHY MANOR PARADIS. | | | | | | | | | | | |
| | | | | | | | | | | | |
| ASHTON CROSSING FOREST APARTMENTS | | | | | | RELATIONSHIPPHONE | | | | | |
| EMERGENCY CONTACT | | | | | | | | | | | |
| NOTICE: ANY ATTEMPT TO OTAL FRAUD (ANY ACT OF ASSISTANCE THE ABOVE INFORMATION IS FULL ING STATEMENTS MADE HERE IN. | N PUBLIC HO | using, a empt) is | NY RENT SUBS | IDY OR RENT ER FEDERAL (| REDUCTION BY | FALSE INFORM | MATION, IMF | ERSONATION, FAIL | URE TO D | ISCLOSE OR OTHER | |
| Applicant Signature | | PHA Representative Date BC 5/10 E0554 | | | | | | | | | |