



Pre-Application Questionnaire

Complete this Pre-Application online (form is fillable), then drop off at our office, or mail to our office.

Physical Address: 20 C.F. Willis Drive
 Mailing Address: P.O. Box 445
 Roberta, GA 31078

NAME: _____ DATE: _____
 ADDRESS: _____ SSN: _____
 CITY-ST-ZP: _____ EMAIL: _____
 PHONE: _____

Household Members

	Name	Relation	DOB	Sex	Occupation
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Household Member No.

Source, Rate and Type of Income

INCOME: Total Gross Household Income: _____

Applicant Signature: _____

Housing Authority Representative: _____

Title: _____ Date: _____

*** (Office use only) ***

Bedroom Size: _____

On the basis of the determination set forth above, the tenant is found eligible: Yes No

