

Pre-Application Instructions

I. The Pre-Application Process

All interested individuals may obtain a pre-application by downloading and printing it from the web at www.athenshousing.org, requesting one in person at the main office, or calling to request it be mailed, faxed, or emailed to you. Your pre-application must be completed in its entirety. Specifically, this means the form must be signed and all fields completed in order to be placed on the waiting list. Once you are certain your pre-application is complete; return it to the receptionist at the main office where it will be time and date stamped upon receipt. We will also accept it by mail, fax, or email and it will be time and date stamped in the order received. All incomplete or unsigned pre-applications will be returned by mail with a letter explaining why it was not accepted. You are welcome to reapply any time the waiting list is open; but you will not be eligible for placement on the waiting list until a completed pre-application is received.

Upon the AHA's receipt of a complete pre-application, your name will be placed on the general waiting list for all of our communities for which you are eligible. **You can check the status of your application at any time by calling 706-425-5294 and following the directions given.** You will not be notified of your status otherwise until you are selected for an interview. The phone number you call from must match the phone number we have on file. Your placement on the waitlist may change up or down based on the preference changes you report and those reported by other applicants. Your status is not updated but once or twice per month. The waiting list is organized by bedroom size, which is determined by your family size in accordance with the occupancy guidelines set forth in the AHA's Admissions and Continued Occupancy Policy (generally two persons per bedroom). Having your name added to the waiting list does not mean that you are eligible or guarantee that you will be housed. Your eligibility for housing is determined following your eligibility interview. Once you reach the top of the waiting list, you will be contacted by mail and/or phone to come in for an eligibility interview to verify your: 1) household composition (family members' names, birthdates, citizenship status, and Social Security numbers), 2) income, assets, and deductions, 3) preference status, and 4) screening criteria. Please note that the AHA **does not** admit applicants who owe balances to either the AHA or any other federally assisted housing programs.

II. Preferences and Household Members

The AHA recognizes several circumstances for which preference points are awarded. All preferences **will be verified** at the start of your eligibility interview. We may also require you to document your preference qualifications prior to the eligibility interview when there is an extensive wait, generally more than 6 months. This streamlines the process and saves caseworker time so that only those that truly qualify for a full eligibility appointment are given one. It is important that you do not claim a preference for which you do not qualify. It is equally important that you not place a minor on your application that you do not have legal guardianship over. If, during your interview, the AHA is unable to verify a preference, or it no longer applies, your interview will be immediately cancelled, your application will be re-prioritized on the waiting list, and your eligibility determination will be delayed. If you have a minor listed on your application and cannot prove legal guardianship over this minor, your appointment will be cancelled and you will go back on the waiting list for the bedroom size you qualify for without that minor. If fraud is suspected, your application could be denied and you may be subject to federal prosecution. The course-work preference may be claimed multiple times, once for each qualifying course. If claiming more than one course, write the number of courses claimed in the checkbox on the application instead of a checkmark. See reverse side of pre-application, "Preferences Defined," to determine which preferences you are eligible for. See Section IV of this document, "Reporting Changes", for instructions on submitting information regarding changes in preference.

III. Fair Housing and Reasonable Accommodations

The Athens Housing Authority is a public agency that provides low rent housing to eligible families including families with children, elderly families, disabled families, and single people. The AHA does not discriminate against applicants on the basis of their race, religion, sex, color, national origin, age, disability or familial status. Unless it would impose an undue financial and administrative burden on the Authority or would fundamentally alter the nature of the AHA's operations, the Athens Housing Authority will provide a "reasonable accommodation" for a person with a disability if the modification, change, exception, or adjustment to a rule, policy, practice, or service is necessary for a person with a disability to have an

equal opportunity to use and enjoy a dwelling, including public and common use spaces. A reasonable accommodation may be requested at any time during the application process.

IV. Reporting Changes

Changes in preference, household composition, or disability status must be submitted in **writing** within **10 days** of the change to **Athens Housing Authority, 300 S. Rocksprings Street, Athens GA, 30606**. Changes must be made in writing on our “change form”. The change form can be obtained from the receptionist’s desk or by calling the receptionist at 706-425-5300. Your application may be **cancelled** if we are unable to reach you due to your failure to submit your phone or address changes in writing within the 10 day period. Your application may also be cancelled if you are placed on the waiting list based upon inaccurate information. **Remember, you can call 706-425-5294 to check your waiting list status at any time. Please note that is information is only available through the automated system. This system will not work if you have changed your phone number and not reported it in writing on the change form.**

Pre-Application for Public Housing

1. Head of Household Information					2. Race		3. Ethnicity	
Last Name _____ First Name & M.I. _____					<input type="checkbox"/> White		<input type="checkbox"/> Hispanic	
Mailing address _____ Apt # _____ City _____ State _____ Zip Code _____					<input type="checkbox"/> Black		<input type="checkbox"/> Non-Hispanic	
Social Security # _____ Birth Date _____ Phone Number _____					<input type="checkbox"/> American Indian		4. Marital Status	
					<input type="checkbox"/> Asian		<input type="checkbox"/> Single	
					<input type="checkbox"/> Pacific Islander		<input type="checkbox"/> Married	
					5. Sex		<input type="checkbox"/> Widowed	
					<input type="checkbox"/> Male		<input type="checkbox"/> Divorced	
					<input type="checkbox"/> Female			
6. Monthly Income								
My household's gross monthly income is \$ _____								
7. Disability or Handicap								
I or a member of my household can document a need for a unit with the following disability/accessibility features:								
<input type="checkbox"/> Mobility/handicapped <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Flat (no stairs)								
<input type="checkbox"/> I have attached some other specific request related to my disability (please do not provide disability specifics.)								
I require a special accommodation to complete this application and have attached a specific request: <input type="checkbox"/> Yes <input type="checkbox"/> No								
8. Age 50+ Housing Are you interested in living in an age 50+ community? <input type="checkbox"/> Yes <input type="checkbox"/> No (Must be 50 years+)								
9. List others who will live with you at Athens Housing Authority. Include live-in aide if applicable.								
#	Relationship to You	Last Name	First Name & M.I.	M / F	Social Security #	Date of Birth		
1.								
2.								
3.								
4.								
5.								
<input type="checkbox"/> I have more than five additional household members and have attached a list of them on a separate piece of paper.								
10. Preferences (check all that apply, see reverse side for qualifying information):								
Check only those items below that apply to you now. Be sure to update the AHA when your circumstances change. If during or after your interview it is discovered that the items you selected do not apply, your interview will be cancelled .								
<input type="checkbox"/> I am or my spouse/ co-head of household is Employed (at least 20 hours per week for at least the last 3 months)			<input type="checkbox"/> I have been displaced by a natural disaster.					
<input type="checkbox"/> I am AND my spouse/ co-head of household (if any) is age 62+ or disabled.			<input type="checkbox"/> I have completed AHA approved coursework.					
<input type="checkbox"/> I am a victim of domestic violence. Must have occurred within the last 24 months-see reverse side for additional requirements to qualify for this preference.			<input type="checkbox"/> I am a registered voter of <u>Athens-Clarke County</u> .					
			<input type="checkbox"/> I am, or my spouse is, enrolled in a state-approved post-secondary education program.					
			<input type="checkbox"/> I am, or my spouse is, currently a member of the U.S. Armed Forces, or an honorably discharged Veteran from the U.S. Armed Forces.					
11. Certification. Unsigned or incomplete applications will be refused and returned. Applicant must reapply with new form.								
I hereby certify the information I have provided in this pre-application is true and accurate and I understand that:								
<ul style="list-style-type: none"> • Providing false information will result in cancellation or denial of my application or termination of my housing assistance. Knowingly providing false information to the AHA is a felony under Section 1001 of Title 18 of the U.S. Code. • I will be contacted to verify the information I have provided here when I near the top of a waiting list. • Changes occurring after filing this pre-application may affect my qualification for public housing. • Failure to report changes in address, phone number, family composition, or preferences may result in the cancellation of my application. 								
_____					_____			
Signature of Head of Household					Date			



Area Reserved for Housing Authority Use Only	
AHA Initials _____	Bedroom Size _____

Preferences Defined

Elderly or Disabled (50 points) – Families where the head AND spouse /coheads of household, or sole member is a person age 62 or older or with disabilities. You must both meet the Social Security Administration's definition of disabled if you are claiming disability. If you also claim the **employed preference**, this preference awards 0 points.

Employed (50 points) - Families where the Head of Household, spouse, or co-head are successfully employed at least **20 hours per week** at the current minimum wage, for a minimum of the **previous 3 months**. In the event of a change in employment, no more than **two weeks** should elapse between the termination of the old employment and the beginning of the new position in order to retain the employment preference points. Documentation **will be required** from the employers. Points are also awarded in instances where the head of household is **self-employed** with an income equal to, or greater than, the income of a person employed for a minimum of 20 hours a week at the current minimum wage, for a minimum of the previous 3 months. Documentation through provision of tax records of the head of household or third-party verification from customers utilizing the services of the head of household will be required.

Victims of Domestic Violence (35 points) -

Abuse victims with **written verification** from the police, a social service agency, the court, a clergy person, a physician, and/or a public or private facility giving shelter and/or counseling to victims. The documentation must verify that the family has been displaced as a result of fleeing violence in the home or they are currently living in a situation where they are being subjected to or victimized by violence in the home, and identify when the actual or threatened physical violence against the applicant last occurred. The family must certify that the abuser will not return to the household without the advance written approval of the AHA. The actual or threatened physical violence directed against the applicant or applicant's family by a spouse or other household member who lives in the unit with the family must have occurred within the past 24 months to qualify for this preference.

Natural Disaster (20 points) - Families displaced by a state or nationally declared natural disaster which has extensively damaged or destroyed the dwelling where the applicant has been residing. Documentation will be by inspection of the AHA or appropriate regulatory agency.

State-Approved Post Secondary Education (20 points) - The head of household **or** spouse is currently enrolled and participating in an education training program that prepares them for entering or reentering the job market. Documentation will be required from the institution where the head of household or spouse is attending.

Veterans (10 points) - The head of household **or** spouse is currently a member of the Armed Forces, or the head of household or spouse has been **honorably** discharged from the Armed Forces. Verification from the applicable branch of the service will be required.

Course Work (3 points per course) - The head of household or spouse has completed course work or training in a program **approved by** the Athens Housing Authority. Courses of study or training offered by other community agencies will be eligible for these preference points **if approved** by the Athens Housing Authority. Examples include but are not limited to: Prevention, Housekeeping, Money Management, Orientation, etc. A list of approved course work will be available at the offices of the Authority. Finally, independent documentation will be required for each program claimed under this preference.

Registered Voter (3 points) - The head of household is a registered voter of Athens-Clarke County. Documentation will be required from the voter registration office. Registration at the time of application for admission to public housing will also be accepted.