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**FLINT AREA CONSOLIDATED
HOUSING AUTHORITY**
MONTEZUMA, MARSHALLVILLE, OGLETHROPE,
BUTLER AND REYNOLDS
MONTEZUMA, GEORGIA 31063

PRE-APPLICATION FOR 5(h) FIRST TIME HOMEBUYER PROGRAM

ALL APPLICANTS MUST PROVIDE THE FOLLOWING

In order for the Housing Authority to determine your eligibility for the 5(h) First Time Homebuyer Program, the following items must be completed or submitted when your formal application is accepted.

1. Certified birth certificates of all members of the household including the head and spouse.
2. Proof of income (four consecutive pay stubs) and verification of family assets of all family members or a copy of your last Federal Income Tax Return from present employer, if applicable.
3. Divorce decree(s), marriage license, or other documentation which applies to its individual circumstances.
4. Social Security cards of all members of the family.
5. Current photo ID.

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES OR THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT.

NOTICE: ANY ATTEMPT TO OBTAIN PUBLIC HOUSING, ANY RENT, SUBSIDY OR RENT REDUCTION BY FALSE INFORMATION, IMPERSONATION, FAILURE TO DISCLOSE OR OTHER FRAUD OR ANY ACT OF ASSISTANCE TO SUCH ATTEMPT IS A CRIME UNDER GEORGIA CODE SECTION 16-9-55 AND U.S. CODE TITLE 18, SECTION 1001, PUNISHABLE BY A FINE OF UP TO \$10,000 OR IMPRISONMENT OF UP TO 5 YEARS OR BOTH.

I/We, the undersigned, do hereby swear and attest that all of the information provided in this application is true and correct. I understand that this is not a contract and does not bind either party as to furnishing an apartment or house or accepting an apartment or house if offered.

APPLICANT

CO-APPLICANT

PRINT NAME

DATE

PRE-APPLICATION FOR 5(h) FIRST TIME HOMEBUYER PROGRAM

DATE _____ TIME _____
 (PLEASE PRINT)

1. NAME _____

SOCIAL SECURITY NO. _____ DATE OF BIRTH _____

2. STREET ADDRESS _____ HOW LONG? _____

ROUTE _____ P.O. BOX _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____

3. EMPLOYED BY _____ HOW LONG? _____

JOB TITLE: _____ WORK PHONE: _____

4. LANDLORD'S NAME: _____ PHONE: _____

5. LANDLORD'S ADDRESS: _____

6. PRIOR LANDLORD: _____ PHONE: _____

7. ADDRESS: _____

8. DO YOU WISH TO CLAIM A HANDICAPPED PREFERENCE? _____ Y/N

HOUSEHOLD COMPOSITION

NAME OF HOUSEHOLD MEMBERS	RELATIONSHIP TO HEAD	SEX	PLACE OF BIRTH	DATE OF BIRTH	FULLTIME STUDENT	DISABLED/HANDICAPPED	SOCIAL SECURITY NUMBER
1.	HEAD						
2.							
3.							
4.							
5.							

9. INCOME

NAME OF HOUSEHOLD MEMBER	WAGES, SALARIES, ETC.	SOCIAL SECURITY PENSION	AFDC	SSI	CHILD SUPPORT	OTHER INCOME
1.	\$	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$	\$
4.	\$	\$	\$	\$	\$	\$
TOTAL ANNUAL INCOME					\$	

10. NET FAMILY ASSETS

TYPE OF ASSET	AMOUNT
CAR	\$
LAND	\$
CERTIFICATES OF DEPOSIT, STOCKS, OR BONDS	\$
OTHER	\$
TOTAL ASSETS	\$

11. ESTIMATE YOUR AVERAGE MONTHLY EXPENSES FOR THE FOLLOWING:

RENT	\$	UTILITIES-GAS, ELECTRICITY, WATER	\$
MEDICAL	\$	FOOD	\$
CABLE T.V.	\$	AUTOMOBILE EXPENSE GAS & INSURANCE	\$
LOANS	\$	CAR PAYMENT	\$
TELEPHONE	\$	OTHER	\$
PRESCRIPTION DRUGS	\$	OTHER	\$

12. REFERENCES: BANK NAME AND ADDRESS _____

CHECKING ACCOUNT \$ _____ SAVING ACCOUNT \$ _____

CREDIT (LIST THREE) _____

PERSONAL REFERENCES: (LIST TWO)

13. DO YOU OR ANY MEMBER OF YOUR HOUSEHOLD HAVE AN ARREST OR CRIMINAL RECORD?

14. I/We certify that the foregoing information is true and complete to the best of my knowledge. I authorize inquiries for credit history and criminal background check to verify the statements above. I understand that this is not a contract and does not bind either party as to furnishing an apartment or house or accepting an apartment or house if offered.

HEAD OF HOUSEHOLD

CO-APPLICANT

PRINT NAME

DATE