



SECTION 8 HOMEOWNERSHIP APPLICATION

OFFICE USE ONLY
Income: \$
Beacon Score:
Approved
Hold
Denied Reason:

Date:

Applicant:

Name: Phone:

Address: Street City State Zip

Social Security Number: Birth Date:

Co-Applicant (if applicable):

Name: Phone:

Address: Street City State Zip

Social Security Number: Birth Date:

How many people will be living in your household? How many will be 18 years or older?

Are you now, or have you ever been, a participant in Macon Housing Authority's Public Housing or Section 8 programs?

Public Housing Section 8 Present Past

Employment:

Are you currently employed?

How long?

Place of employment:

Applicant

Yes No
years months

Co-Applicant

Yes No
years months

Income:

How much do you earn each payday, before deductions, from your current job?

\$

\$

Please check how you are paid:

Weekly
Every two weeks
Twice a month
One a month

Weekly
Every two weeks
Twice a month
One a month

List the income of anyone 18 years or older who will be living in your household with you. (Example: Wages, SSI, child support, retirement, etc.)

Source: \$/month

\$/month

\$/month

Source: \$/month

\$/month

\$/month

Other Information:

Have you ever filed for bankruptcy?

Yes No
Chapter 13 Chapter 7

Yes No
Chapter 13 Chapter 7

If 'Yes':

Do you currently own any residential property?

Yes No

Yes No

Have you been involved in any criminal activity during the past five (5) years? If yes, please explain:

Yes No

Yes No

By signing below, I hereby authorize the Macon Housing Authority to verify all information provided on this application. I understand that verification sources may include credit reporting agencies, financial institutions, landlords, governmental agencies, IRS, and any other institution that MHA deems necessary for obtaining information regarding this application.

Remember! - Please review your completed application carefully, making sure all requested information is provided, especially your income. Without this information, your application will not be accepted.

WARNING! Title 18, Section 1001 of the United States Code, states 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 government.

Applicant Signature

Date

Co-Applicant Signature

Date

Return form to: Michael T. Austin
Macon Housing Authority
PO Box 4928
Macon GA 31208