

MACON HOUSING AUTHORITY – PUBLIC HOUSING – WAITING LIST OPENING

This is to notify the public that Macon Housing Authority will begin accepting pre-applications for the Public Housing Program from April 5-12, 2024. Public Housing has several scattered sites within the portfolio in various neighborhoods with bedroom sizes ranging from 1-5 bedrooms. Macon Housing Authority gives preference on the waiting list to families whose head of household is either working, elderly or disabled and receiving benefits, receiving other types of income, and/or homeless. The maximum income limit for the household is 80% AMI for Macon-Bibb County. Applicants must be at least 18 years of age, provide proof of age and SS numbers for all household members, have an acceptable rental history, and pass a criminal background check.

Request an application via:

- (1) MHA website: <https://maconhousing.com> -Select "Programs", "Public Housing." or**
- (2) Email: scattersites@maconhousing.com ; or**
- (3) Telephone: 478-752-5054 (Mon.-Thurs: 8:30 a.m. - 5:30 p.m. or Fri: 8:30 a.m. – 12:00 p.m.)**

Return the application via:

- (1) Mail: Macon Housing Authority, PO Box 4928, Macon, GA 31201, Attn: Subrea Morris, PM**
- (2) Drop Box: Located at 2015 Felton Avenue, Macon, GA 31201. or**
- (3) Email: scattersites@maconhousing.com**

Pre-applications will not be available in person or at the property. Incomplete or unsigned pre-applications will not be accepted. Hearing, speech impaired applicants or with limited English proficiency requiring assistance with the application process may call the Georgia Relay Service at 7-1-1, go to <http://georgiarelay.org>. or call 478-752-5054 for assistance. There are units available designed for persons with mobility, hearing, and/or visual impairments. Macon Housing Authority is an Equal Housing Opportunity agency and provides housing to all without regard to race, color, religion, sex, disability, familial status, age, or national origin.





MACON HOUSING AUTHORITY
2015 FELTON AVENUE
MACON, GA, 31201

FOR MHA USE ONLY
Received by:
Date: Time:
Application Number:

Phone: 478-752-5054

1. Name and address of head of household
Last name First name Middle initial
Mailing address Apt. # City State Zip
2. Personal Information
Social Security number
Birthdate (MM/dd/yy)
Area code Telephone number

3. Sex 4. Ethnicity 5. Race
Male * Hispanic * Pacific Islander *
Female * Non-Hispanic *
Alaskan Native * Black *
Asian * White *
Native American * Other: *

*Optional questions.

7. List others who will live with you. Include unborn children and live-in aides. For "Ethnicity" and "Race" see categories in 4 & 5 above.

Table with 10 columns: #, Relation, Last name, First Name & M. I., Ethnicity *, Race *, Sex *, Social Sec. No., Birthdate, Disability *

If you have more than five additional household members, please check here and list them on a separate piece of paper.

8. Household type: Family (1or more persons) Elderly Family with a person with disability

9. Disability or handicap: (It is not necessary to give us details about your disability or handicap.)
Will any member of the household require a unit having handicap accessible features? Yes No

9a. Do you claim any disability or handicap? Yes No
9b. Do you need special accommodations to complete the application process? Yes No
9c. If yes, what assistance do you request?

10. Unit size (# bedrooms) requested: 1-BR 2-BR 3-BR 4-BR 5-BR
(Approved unit size will be based on the number of household members, and in accordance with MHA occupancy standards.)

11. Preferences and Needs: (Check all that apply.)
I am Elderly, Handicapped or disabled (receiving SSI, SSA or at least 62 years of age)
I am retired and receiving a pension or receiving disability payments other than SS/SSI; e.g., VA, RR Retirement, etc.
I am working at least 15 hours per week, and have been doing so for more than 120 days
I receive Unemployment, TANF, Child Support, SS/SSA for children in household, donations, or working less than 15 hours
I am Homeless and have an official certification from an MHA approved referring agency
I claim no preference, but would like to remain on waiting list by date and time of application
I am an active or retired/honorably discharged member of the military
I need a Mobility - handicapped unit
I need a Hearing Impairment unit
I need a Sight Impairment Unit

12. Assets and income: Provide gross (not net) amounts for all questions.

12a. Checking Bank/Institution Avg. Bal. last 6 mo. \$ Annual Inc. \$
Savings Bank/Institution Current balance \$ Annual Inc. \$
CD's Bank/Institution Current balance \$ Annual Inc. \$
Real Estate Type Value \$ Mortgage amount \$ Annual Inc. \$

12b. Income source(s): Check all that apply and indicate gross monthly income.
SSA \$ /mo. Pension \$ /mo. Bills paid by another \$ /mo.
SSI \$ /mo. Child support \$ /mo. Gifts for support \$ /mo.
TANF \$ /mo. Alimony \$ /mo. Other Assistance \$ /mo.
Wages \$ /mo. Workers Comp. \$ /mo.

13. Have you ever: (Check either Yes or No on all questions.)
Lived in public housing? Yes No Been convicted of a drug related crime? Yes No
Lived in Section 8 housing? Yes No Been required to register as a sex offender? Yes No
Been terminated or evicted from subsidized housing? Yes No (If yes, in what state?)
Owed money to a housing authority or a Section 8 landlord that is unpaid? Yes No Had trouble resulting from abuse of alcohol? Yes No
Used a name other than indicated above? Yes No (If yes, what name was used?)

Certification of applicant: I hereby certify that the information I have provided in this pre-application is true and accurate.
I understand that:
Having provided any false information will result in cancellation or denial of my application or termination of my housing assist.
At the time I rise to the top of a waiting list, I will be required to update and verify the information I have provided here.
Changes occurring after filing this pre-application may affect my qualification for subsidized housing.
I must keep MHA informed of my current address and phone number, and failure to do so will result in cancellation of my app.

Signature of head of household Date EMAIL ADDRESS

WARNING: Section 1001 of Title 18 of the U.S. 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.

PUBLIC HOUSING ADMISSION PREFERENCES:

I. VIOLENCE AGAINST WOMEN ACT PREFERENCE:

Applicant is a current resident at a MHA property and is requesting an Emergency Transfer under VAWA. (Please provide a copy of the VAWA Transfer Request Form).

II. WORKING PREFERENCE :

Head or Spouse is Elderly (62 or older) or Disabled and is currently receiving Social Security or Supplemental Security Income (SSI) Benefits; or

Head or Spouse is working, receiving Unemployment Benefits, or self-employed.

Head or Spouse is receiving other Retirement or Disability Benefits; (e.g., Pensions, VA Benefits, Worker's Compensation, FMLA Benefits, Annuities, RR Retirement, Civil Service Pension, etc.) or

Head or Spouse is a Veteran of a branch of the US Military, on active duty, or the spouse of a deceased veteran.

III. OTHER INCOME PREFERENCE:

Head or Spouse is receiving other income (e.g., TANF, Child Support, Alimony, Regular Contributions and Gifts, SSI/SSA Benefits for children in the household, OR other types of income.

IV. NO PREFERENCE:

None of the above – Does not qualify for a Preference and will added to the waiting list by date and time of applications.

HOMELESS PRIORITY WITHIN EACH PREFERENCE CATEGORY:

HOUSEHOLD IS CURRENTLY HOMELESS AND LIVING IN A SHELTER.

Homeless Certification Provided From: _____

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED ON THIS FORM IS COMPLETE AND ACCURATE UNDER PENALTY OF PERJURY.

HEAD OF HOUSEHOLD SIGNATURE: _____ DATE: _____

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.

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize Macon Housing Authority (D8712) to conduct a Criminal History Background inquiry for the purpose listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

**** ALL FIELDS ARE REQUIRED**

FULL NAME (PRINT) MUST BE CURRENT FULL LEGAL NAME AS IT APPEARS ON GOVERNMENT ID			
LAST	FIRST	MIDDLE	
ADDRESS			
STREET			
CITY, STATE ZIP			
SEX	RACE	DATE OF BIRTH	SOCIAL SECURITY NUMBER
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNKNOWN	<input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> UNKNOWN		<input type="checkbox"/> I HAVE NEVER BEEN ISSUED A SOCIAL SECURITY NUMBER

CHECK ONE BOX

This authorization is valid for 180 days from the date of signature.

I give consent to the above-named entity to perform periodic criminal history background checks or the duration of my employment.

Signature _____

Date _____

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
<input checked="" type="checkbox"/>	E – Employment / Volunteer Work / Tenancy
<input type="checkbox"/>	M - Working with Mentally Disabled PROVIDING 24/7 CARE – NOT for Volunteer work
<input type="checkbox"/>	N - Working with Elderly – NOT for Volunteer work
<input type="checkbox"/>	W - Working with Children NOT A VOLUNTEER – NOT for Volunteer work
<input type="checkbox"/>	ORI STAMP REQUESTED

SCREENING QUESTIONNAIRE

Applicant's Name: _____ Current Address: _____

List complete names, addresses, and phone numbers (including area code) of the three previous landlords, beginning with your most recent rental address:

1. Rental Address: _____
 Landlord's Name: _____ Landlord's Phone No.: _____
 Landlord's Address: _____
 City: _____ State: _____ Zip Code: _____
 Reason for Moving: _____
 Do you owe this landlord any money? Yes No If yes, how much? _____

2. Rental Address: _____
 Landlord's Name: _____ Landlord's Phone No.: _____
 Landlord's Address: _____
 City: _____ State: _____ Zip Code: _____
 Reason for Moving: _____
 Do you owe this landlord any money? Yes No If yes, how much? _____

3. Rental Address: _____
 Landlord's Name: _____ Landlord's Phone No.: _____
 Landlord's Address: _____
 City: _____ State: _____ Zip Code: _____
 Reason for Moving: _____
 Do you owe this landlord any money? Yes No If yes, how much? _____

Have you ever been convicted of a felony or misdemeanor, including traffic violations? (Do not include parking violations.)

Yes No If yes, list date, place, and charge of conviction: _____

Have you or any family member or expected visitors been banned from any Macon Housing Authority properties?

Yes No If yes, please complete the following:

Name: _____

Relation: _____

Area Barred: _____

Dates: _____

Applicant Signature _____

Date _____

Rev 11/2014

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

PHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

Macon-Bibb County Housing Authority
2015 Felton Avenue
PO Bopx 4928
Macon, GA 31208

Michael T. Austin, CEO

IHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

N/A

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

PHA-owned rental public housing
Turnkey III Homeownership Opportunities
Mutual Help Homeownership Opportunity
Section 23 and 19(c) leased housing
Section 23 Housing Assistance Payments
HA-owned rental Indian housing
Section 8 Rental Certificate
Section 8 Rental Voucher
Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

