

MHA ANNOUNCES – ANTHONY HOMES, INC. – WAITING LIST OPENING

This is to notify the public that Anthony Homes, Inc., located at 1793 Wren Avenue, Macon, GA 31204 will be accepting pre-applications for housing from **October 9-12, 2023**. Those interested may obtain an application during this time as follows: (1) Go to: <https://www.maconhousing.com> and select **"Apply for Housing"** or (2) Email request to: anthonyhomes@maconhousing.com or (3) Call: (478) 752-5257 between the hours of 9:00 a.m. and 1:00 p.m. **The pre-application and release forms must be filled out completely, signed by all adults, dated, and returned via (1) Mail – Macon Housing Authority, PO Box 4928, Macon, GA 31208, Attn: Anthony Homes Applications or (2) Email – anthonyhomes@maconhousing.com, or (3) Drop Box - located at 2015 Felton Avenue. **No pre-applications will be taken in person at MHA or at the property. Incomplete or unsigned pre-applications will not be accepted.**** Persons with hearing or speech impairments or limited English proficiency may call the Georgia Relay Service at 7-1-1 or go to their website at <http://georgiarelay.org>. Anthony Homes, Inc. is a multifamily property with Section 8 PBRA rental assistance. The property contains 274 units consisting of 1-5 bedrooms. There are units available designed for persons with mobility, hearing, or visual impairments. Persons with disabilities or those with limited English proficiency needing assistance filling out the application may call the application line or Georgia Relay Service for assistance. To qualify for residency, the head of household must be at least 18 years of age with a total family income within the current published HUD income limits for Macon-Bibb County, have a good rental history, and pass a background and criminal history screening. Preference on the waiting list is given to working families, disabled/elderly families, and homeless families living in a shelter. Anthony Homes, Inc. is an Equal Housing Opportunity property and provides housing to all without regard to race, color, religion, sex, disability, familial status, age, or national origin.





PRE-APPLICATION INSTRUCTIONS

Please fill out the Pre-application Packet as follows:

- Complete all lines on the Pre-application Form;
 - Answer all questions
 - List all household members, all income, and assets
 - Answer all screening questions
 - Select a Preference category if applicable
 - Provide a mailing address, email address, and telephone number
- All adult members must sign the Pre-application Form;
- All adult members must fill out and sign a Criminal Consent Form;
 - List the Full Name, Address, Sex, Race, Date of Birth, and SS # and sign the form;
 - Print and fill out one Criminal Consent Form for each adult member
- All adult members must sign the General Consent Form;

Return the completed application packet by one of the following methods:

- **Mail to:** Macon Housing Authority
PO Box 4928
Macon, GA 31208
Attn: Anthony Homes Applications

or

- **Email to:** anthonyhomes@maconhousing.com

or

- **Drop Box:** Deposit the Pre-application packet in the drop box at MHA Central Office located at 2015 Felton Avenue.

Please Note: Incomplete applications will not be listed on the waiting list and may be returned for completion.





ANTHONY HOMES
PO BOX 4928
MACON, GA 31208

FOR MANAGEMENT USE
Received by:
Date: Time:
Application Number:

PRE-APPLICATION

478-752-5010

anthonyhomes@maconhousing.com

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

3. Sex 4. Ethnicity 5. Race 6. Citizenship Status
Male * Hispanic * Native American * Alaskan Native * Black * US Citizen
Female * Non-Hispanic * Pacific Islander * Asian * White * Legal Immigrant?
*Questions are optional

7. List others who will live with you. Table with columns: #, Relationship, Last name, First Name & M. I., *Ethnicity, *Race, *Sex, Social Sec. No., Birthdate, Disability (Y/N)

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

9. Disability or handicap: Will any member of the household require a unit having handicap accessible features?
9a. Do you claim any disability or handicap?
9b. Do you need special accommodations to complete the application process?
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 occupancy standards.)

PREFERENCES AND SPECIAL NEEDS
11. PREFERENCES: (Check all that apply.)
Head or spouse has been employed for 120 days or more averaging 15 or more hours per week
Head of Household or Spouse Elderly (Aged 62 or older)
Head of Household or Spouse Disabled
Family Is Homeless (Must provide verification from Shelter/EOC/or Other Agency)
SPECIAL NEEDS: (Check all that apply)
I need a Mobility - handicapped unit
I need a Hearing Impairment Retrofit Unit
I need a Sight Impairment Retrofit 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.
EBT Card Type Balance Insurance Policy Cash Value
Real Estate Type Value Mortgage amount Annual Inc.

12b. Have you disposed of any assets during the past 2 years for less than fair market value? YES NO
If yes, explain

12c. 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. Annuities \$/mo.
Wages \$/mo. Workers Comp. \$/mo. Asset Income \$/mo.

13. Have you ever: (Check either Yes or No on all questions.)
Lived in public housing? Yes No Current Illegal Drug User? Yes No
Lived in Section 8 housing? Yes No Been convicted of a drug related crime? Yes No
Been terminated or evicted from subsidized housing? Yes No Registered sex offender? State Yes No
Owed money to a housing authority or a Section 8 landlord that is unpaid? Yes No Been convicted of violent crime? Yes No
Used a name other than indicated above? Yes No (If yes, what name was used?)

14. Marketing: How did you hear about the property?

15. Is any adult member a full or part-time student? YES NO If yes,who?

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 management informed of my current address and phone number, and failure to do so will result in cancellation of my application.

Signature of head of household Date EMAIL ADDRESS
Signature of spouse or other adult Date

Warning: Title 18, Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the US Government.

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize Anthony Homes (G6887) Agency/Company to conduct an inquiry for the purpose listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

- This authorization is valid for 180 days from date of signature.
- I, _____, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

Signature _____

Date _____

Purpose Code Used: (check only one)

NON-CRIMINAL JUSTICE PURPOSES	
<input checked="" type="checkbox"/>	E - Employment
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	W - Working with Children

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	Possible SO information
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: Anthony Homes (G6887)

Wanting Agency Telephone: 478-752-5010

TENANT RELEASE AND CONSENT

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to Macon Housing Authority for purposes of verifying information on my/our apartment rental application.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity; employment, income, and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

The groups that may be asked to release the above information include, but are not limited to:

Past and Present Employers	Welfare Agencies	Veterans Administration
Previous Landlords (including Public Housing Agencies)	State Unemployment Agencies	Retirement System
Support and Alimony Providers	Social Security Administration	Banks and other Financial Institutions
	Medical and Child Care Providers	

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that is incorrect.

_____	_____	_____
Head of Household	(Print Name)	Date
_____	_____	_____
Spouse or Co-Head	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date

PENALTIES FOR MISUSE OF INFORMATION

Title 18, Section 1001 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 of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA 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 this verification form is restricted to the purposes cited above. 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 PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).