

BOBBY JONES VILLAS – WAITING LIST OPENING

This is to notify the public that beginning Monday, February 2, 2026, Bobby Jones Villas, located at 3928 Bloomfield Drive, Macon, GA, is accepting pre-applications for 3BR and 4BR units. Applicants must meet the following Income Limits and Occupancy Standards based on the number of people in the household to be added to the waiting list:

Maximum Income Limit: 80% Area Median Income – Macon-Bibb County

Minimum Occupancy: 3BR – 3 persons Maximum Occupancy: 3BR – 6 persons

Minimum Occupancy: 4BR – 4 persons Maximum Occupancy: 4BR – 8 persons

Bobby Jones Villas is a newly renovated HUD multifamily property containing a total of 61 units all of which have Section 8 Project Based Rental Assistance and Tax Credit funding. The property gives a waiting list preference to families whose head or spouse is working, disabled, or homeless families who have a referral letter from a local Homeless Shelter. Applicants must have an acceptable rental history and pass a criminal background check. The tenant rent and Security Deposit is based on the family's adjusted income.

***Request or download a Pre-Applications as follows:**

(1) Website: www.maconhousing.com – select Programs, RAD, Bobby Jones Villas

(2) Email Address to request an application be mailed: bjv@maconhousing.com

(3) Telephone: 478-752-5054 between the hours of 9:00 a.m. and 5:00 p.m. Monday – Thursday, and 9:00 a.m. – 12:00 p.m. on Friday.

****Return the application by:**

(1) Mail: Bobby Jones Villas Applications, PO Box 4928, Macon, GA 31208, ATTN: S. Morris, or

(2) Drop Box: Located at Macon Housing Authority, 2015 Felton Avenue, Macon, GA 31201.

******Pre-applications will not be available at the property office. Incomplete or unsigned applications will not be accepted.**

Persons with hearing or speech impairments or limited English proficiency requiring assistance with the application process may call the **Georgia Relay Service** at 7-1-1 or 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. Bobby Jones Villas does not discriminate in rental housing and is an Equal Housing Opportunity property dedicated to providing rental housing to all without regard to race, color, religion, sex, disability, familial status, age, national origin, or sexual orientation.



Bobby Jones Villas
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;**
 - **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;**
 - **Print and fill out one Criminal Consent Form for each adult member;**
- **All adult members must sign the General Consent Form;**
- **List all family members, fill out, and sign the Student Affidavit Form.**

Return the completed Pre-application Packet to:

- **Bobby Jones Villas Applications**
PO Box 4928
Macon, GA 31208
Attn: S. Morris

or

- **Drop Box: Deposit the Pre-application packet in MHA's drop box located at 2015 Felton Avenue, Macon, GA 31201.**

Please Note: No applications will be given out at the property. Incomplete applications will not be listed on the waiting list and may be returned for completion. Questions concerning the application can be directed to 478-752-5054.



Bobby Jones Villas
P. O. Box 4928
Macon, GA 31208

FOR MANAGEMENT USE

Received by: _____
Date: _____ Time: _____
Application Number: _____

PRE-APPLICATION

TELEPHONE: 478-752-5054

1. Name and address of head of household				2. Personal Information			
Last name	First name	Middle initial	<input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			Social Security number	
Mailing address	Apt. #	City	State	Zip	Birthdate (MM/dd/yy) () -		
Address where you are currently living (if different)		City	State	Zip	Area code	Telephone number	
3. Sex	4. Ethnicity	5. Race	Alaskan Native	Black	6. Citizenship Status		
<input type="checkbox"/> Male	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native American	<input type="checkbox"/> Asian	<input type="checkbox"/> White	US Citizen	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Female	<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Native American	<input type="checkbox"/> Other	Legal immigrant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*Questions are optional

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

#	Relationship	Last name	First Name & M. I.	*Ethnicity	*Race	*Sex	Social Sec. No.	Birthdate	Disability (Y/N)
1									
2									
3									
4									
5									

8. Household type: Family (1 or more persons) Disabled (head or spouse disabled)

9. Disability or handicap: (It is not necessary to give us details about your disability or handicap.)

Yes No

Will any member of the household require a unit having handicap accessible features?

Yes No

9a. Do you claim any Yes No 9b. Do you need special accommodations to complete the application process? Yes No 10 If yes, what assistance do you request?

11. PREFERENCES AND SPECIAL NEEDS

Head/spouse employed for 120 days or more averaging 15 hours/week
 Head/spouse elderly or disabled
 Family homeless (Must provide a letter from local Shelter)

SPECIAL NEEDS:

Needs mobility unit
 Needs audio/visual unit

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

12a. <input type="checkbox"/> Checking	Bank/Institution	Avg. Bal. last 6 mo. \$	Annual Inc. \$
<input type="checkbox"/> Savings	Bank/Institution	Current balance \$	Annual Inc. \$
<input type="checkbox"/> CD's	Bank/Institution	Current balance \$	Annual Inc. \$
<input type="checkbox"/> EBT Card	Type _____ Balance \$ _____	Insurance Policy Cash Value \$	
<input type="checkbox"/> 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.

<input type="checkbox"/> SSA \$ /mo.	<input type="checkbox"/> Pension \$ /mo.	<input type="checkbox"/> Bills paid by another \$ /mo.
<input type="checkbox"/> SSI \$ /mo.	<input type="checkbox"/> Child support \$ /mo.	<input type="checkbox"/> Gifts for support \$ /mo.
<input type="checkbox"/> TANF \$ /mo.	<input type="checkbox"/> Alimony \$ /mo.	<input type="checkbox"/> Annuites \$ /mo.
<input type="checkbox"/> Wages \$ /mo.	<input type="checkbox"/> Workers Comp. \$ /mo.	<input type="checkbox"/> Asset Income \$ /mo.

13. Have you ever: (Check either Yes or No on all questions.)

Lived in public housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Been convicted of a drug related crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lived in Section 8 housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Registered sex offender? State _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been terminated or evicted from subsidized housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Been convicted of violent crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Owe money to a housing authority or a Section 8 landlord that is unpaid?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Had a pattern of abuse of alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Used a name other than indicated above? (If yes, what name was used?)	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

15. Is any household 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 _____

PHONE NUMBER _____



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
	Medical and Child Care Providers	Institutions

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).

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize **BOBBY JONES VILLAS (FJ179)** 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

ORI STAMP REQUESTED

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LAST	FIRST	MIDDLE	
ADDRESS			
STREET			
CITY, STATE ZIP			
SEX	RACE	DATE OF BIRTH	SOCIAL SECURITY NUMBER
<input type="checkbox"/> MALE	<input type="checkbox"/> WHITE		
<input type="checkbox"/> FEMALE	<input type="checkbox"/> BLACK		
<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> ASIAN		
	<input type="checkbox"/> HISPANIC		
	<input type="checkbox"/> UNKNOWN		
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