

DAVIS VILLAGE – WAITING LIST OPENING

This is to notify the public that Davis Village, located at 905 Main Street, Macon, GA, will begin accepting pre-applications for 1-5 bedrooms from **March 30-April 3, 2026**. Davis Village is a HUD multifamily property containing a total of 208 units all of which have Section 8 Project Based Rental Assistance and Tax Credit funding. The property gives a waiting list preference for families whose head or spouse is working, disabled, or homeless families who are referred by a local Homeless Shelter. Applicants must meet the Income Limits, Occupancy Standards based on the number of persons in the household, and have an acceptable rental history and pass a criminal background check to be eligible for occupancy.

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

- (1) Website: www.maconhousing.com – select Programs, RAD, Davis Village**
- (2) Email: Request an application be mailed from: davisvillage@maconhousing.com or**
- (3) Telephone: 478-752-5008 between the hours of 9:00 a.m. and 5:00 p.m.**

***Return the application by:**

- (1) Mail: Davis Village Applications, PO Box 4928, Macon, GA 31208, ATTN: T. Lewis, or**
- (2) Drop Box: Located at Macon Housing Authority, 2015 Felton Avenue, Macon, GA 31201.**

Returned Pre-Applications must be postmarked, or date stamped as received via the drop box no later than the close of business by April 17, 2026.

***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 **478-752-5008** for assistance. There are units available designed for persons with mobility, hearing, and/or visual impairments. Davis Village Apartments 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.





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: Davis Village Applications

or

- **Email to:** davisvillage@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.





DAVIS VILLAGE LP
PO BOX 4928
MACON, GA 31208

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

PRE-APPLICATION 478-762-5008 davisvillage@maconhousing.com

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

3. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	4. Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	5. Race <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native American	<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other	6. Citizenship Status <input type="checkbox"/> US Citizen <input type="checkbox"/> Legal Immigrant	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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*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)
2									
3									
4									
5									
6									
7									
8									
9									
10									

8. Household type: Family (10r 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 occupancy standards.)

PREFERENCES AND SPECIAL NEEDS

11. PREFERENCES: (Check all that apply.)
 Head or spouse has been employed for 30 days or more averaging 10 or more hours per week
 Head of Household or Spouse Elderly (Aged 62 or older) or Disabled
 Family includes a family member who is 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.

<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"/> Annuities \$ _____ /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	Current Illegal Drug User? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lived in Section 8 housing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Been convicted of a drug related crime? <input type="checkbox"/> Yes <input type="checkbox"/> No
Been terminated or evicted from subsidized housing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Registered sex offender? State _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
Owed money to a housing authority or a Section 8 landlord that is unpaid? <input type="checkbox"/> Yes <input type="checkbox"/> No	Been convicted of violent crime? <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 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 1601 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.

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

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 **DAVIS VILLAGE (X9909)** 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