

## **MHA ANNOUNCES – MOUNTS HOMES APARTMENTS – WAITING LIST OPENING**

This is to notify the public that **Mounts Homes Apartments**, located at 249 Monroe Street, Macon, GA will be accepting pre-applications for housing from **February 10-12, 2026**. 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 a request to: [mountshomes@maconhousing.com](mailto:mountshomes@maconhousing.com) or (3) Call: (478) 752-5059 between the hours of 9:00 a.m. and 5:00 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: Mounts Homes Applications or (2) **Email** – [mountshomes@maconhousing.com](mailto:mountshomes@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>. Mounts Homes is a family property with Section 8 PBRA rental assistance and LIHTC funding. The property contains 86 units consisting of 1-5 bedrooms. All units are accessible and adaptable as defined by the Fair Housing Amendments Act. 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 and Tax Credit income limits for Macon-Bibb County, have a good rental history, and pass a background and criminal history screening. Mounts Homes 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: Mounts Homes Applications

or

- **Email to:** [mountshomes@maconhousing.com](mailto:mountshomes@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. Applications must be postmarked no later than February 28, 2026.





MOUNTS HOMES LP  
PO BOX 4928  
MACON, GA 31208

FOR MANAGEMENT USE

Received by: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Application Number: \_\_\_\_\_

PRE-APPLICATION

478-752-5059

mountshomes@maconhousing.com

<b>1. Name and address of head of household</b>					<b>2. Personal information</b>				
Last name _____ First name _____ Middle initial _____					Social Security number _____				
Mailing address _____ Apt. # _____ City _____ State _____ Zip _____					Birthdate (MM/dd/yyyy) _____				
Address of Residence if different from above _____ City _____ State _____ Zip _____					Area code _____ Telephone number _____				
<b>3. Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>4. Ethnicity</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		<b>5. Race</b> <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		<b>6. Citizenship Status</b> <input type="checkbox"/> US Citizen <input type="checkbox"/> Legal Immigrant	
*Questions are optional <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
<b>7. List others who will live with you. Include unborn children and live-in aides. For "Ethnicity" and "Race" see categories above.</b>									
#	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									
<b>8. Household type:</b> <input type="checkbox"/> Family (1or more persons) <input type="checkbox"/> Elderly <input type="checkbox"/> Family with a person with disability									
<b>9. Disability or handicap:</b> (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? <input type="checkbox"/> Yes <input type="checkbox"/> No									
<b>9a. Do you claim any disability or handicap?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>9b. Do you need special accommodations to complete the application process?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>9c. If yes, what assistance do you request?</b>			
<b>10. Unit size (# bedrooms) requested:</b> <input type="checkbox"/> 1-BR <input type="checkbox"/> 2-BR <input type="checkbox"/> 3-BR <input type="checkbox"/> 4-BR <input type="checkbox"/> 5-BR (Approved unit size will be based on the number of household members, and in accordance with occupancy standards.)									
<b>PREFERENCES AND SPECIAL NEEDS</b>									
<b>11. PREFERENCES: (Check all that apply.)</b> <input type="checkbox"/> Head or spouse has been employed for 120 days or more averaging 15 or more hours per week <input type="checkbox"/> Head of Household or Spouse Elderly (Aged 62 or older) <input type="checkbox"/> Head of Household or Spouse Disabled <input type="checkbox"/> Family Is Homeless (Must provide verification from Shelter/EOC/or Other Agency) <b>SPECIAL NEEDS: (Check all that apply)</b> <input type="checkbox"/> I need a Mobility - handicapped unit <input type="checkbox"/> I need a Hearing Impairment Retrofit Unit <input type="checkbox"/> I need a Sight Impairment Retrofit Unit									
<b>12. Assets and income: Provide gross (not net) amounts for all questions.</b>									
<b>12a.</b>		<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. \$ _____			
<b>12b. Have you disposed of any assets during the past 2 years for less than fair market value?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain _____									
<b>12c. Income source(s): Check all that apply and indicate gross monthly income.</b>									
<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.					
<b>13. Have you ever: (Check either Yes or No on all questions.)</b>									
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			
<b>14. Marketing: How did you hear about the property?</b> _____									
<b>15. Is any adult member a full or part-time student?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who? _____									
<b>Certification of applicant:</b> 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 _____						
<b>Warning:</b> 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.									

## 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	State Unemployment Agencies	Retirement System
Public Housing Agencies)	Social Security Administration	Banks and other Financial
Support and Alimony Providers	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 **Mounts Homes (X9914)** 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			
<hr/>			
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

**Name-Based Criminal History Record Information Consent/Inquiry Form**

I hereby authorize **Mounts Homes (X9914)** 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**

<b>FULL NAME (PRINT)      MUST BE CURRENT FULL LEGAL NAME AS IT APPEARS ON GOVERNMENT ID</b>			
<b>LAST</b>		<b>FIRST</b>	<b>MIDDLE</b>
<b>ADDRESS</b>			
<b>STREET</b>			
<b>CITY, STATE ZIP</b>			
<b>SEX</b>	<b>RACE</b>	<b>DATE OF BIRTH</b>	<b>SOCIAL SECURITY NUMBER</b>
<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)

<b>NON-CRIMINAL JUSTICE PURPOSES</b>	
<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