



Thank you for your interest in residing at phase II of Gateway Pointe.
1-, 2- & 3-Bedroom Apartment Homes

PRE-APPLICATION INSTRUCTIONS:

- Pre-application MUST be filled out in its entirety to be eligible for housing (one pre-application per household).
- All Pre-applications can be submitted via email, fax or US Mail to:
Gateway Pointe, Attn: Mgmt Office, 1000 South Armed Forces Blvd, Warner Robins, GA 31088
- Please include a \$25 money order for each adult (including live-in aide) with your pre-application payable to: Gateway Pointe II. We will collect this at the interview if you are not mailing the pre-application.
- Pre-applications are processed in the order they are received. The Gateway Pointe leasing office will reach out to schedule an appointment with qualified applicants.
- The following income restrictions apply: *(Effective 7/2021, subject to change)*

Unit Size	Household Size	Qualifying Household Income Range	% AMI	Monthly Rent
1 Bedroom	1 person	\$20,434 - \$25,800	50%	\$596
	2 people	\$20,434 - \$29,450		
	1 person	\$25,166 - \$30,960	60%	\$734
	2 people	\$25,166 - \$35,340		
2 Bedroom	2 people	\$24,240 - \$29,450	50%	\$707
	3 people	\$24,240 - \$33,150		
	4 person	\$24,240 - \$36,800		
	2 people	\$29,931 - \$35,340	60%	\$873
	3 people	\$29,931 - \$39,780		
	4 person	\$29,931 - \$44,160		
		1-4 people	Minimum \$34,114	Market
3 Bedroom	3 people	\$27,669 - \$33,150	50%	\$807
	4 people	\$27,669 - \$36,800		
	5 people	\$27,669 - \$39,750		
	6 people	\$27,669 - \$42,700		
	3 people	\$34,251 - \$39,780	60%	\$999
	4 people	\$34,251 - \$44,160		
	5 people	\$34,251 - \$47,700		
	6 people	\$34,251 - \$51,240		
		1-6 people	Minimum \$36,857	Market

FOR MORE INFORMATION:

GatewayPointeLiving.com | GatewayPointell@Pennrose.com
 T: 478.200.0887 | F: 516.931.6506 | TDD: 800.545.1833 x648



Address: 1000 S Armed Forces Blvd
 Warner Robins, GA 31088
Phone: 478.200.0887
Fax: 516.931.6506
Email: GatewayPointell@penrose.com
TTY: 800.545.1833 x646

To be completed by office staff:	
Application Number	_____
Date Application Rec'd	_____
Time Application Rec'd	_____
Initials of Staff Member	_____

All Pre-Applications Must be Sent via U.S. Mail and Addressed to:
Gateway Pointe II, Attn: Mgmt Office, 1000 S Armed Forces Blvd, Warner Robins, GA 31088

HEAD OF HOUSEHOLD

M	F
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NAME: _____ **SSN:** _____
 (First) (Middle Initial) (Last)

CURRENT ADDRESS: _____ **HOME #:** _____
 (House #) (Street Name) (Apt. #)

_____ **CELL #:** _____
 (City) (State) (Zip Code) **WORK #:** _____

EMAIL: _____ **D.O.B:** _____

How did you hear about us? _____ **DRIVER LICENSE STATE:** _____
DRIVER LICENSE NUMBER: _____

HOUSEHOLD MEMBERS

Name	DOB	M/F	Relationship	Soc. Sec. Number	DL State & Number

ANNUAL HOUSEHOLD INCOME

Employment/Wages	\$
Social Security Income	\$
Social Security Disability Income	\$
Public Assistance (Welfare/TANF)	\$
Child Support	\$
Pension	\$
Other Income (Please Specify):	\$



Preferences for Determining Waiting List Position (if applicable)

Do you or any member of your household have a DISABILITY?			Y	N
Are you currently employed?			Y	N
Are you a student or recent graduate of an educational or training program?			Y	N
Were you involuntarily displaced due to a natural disaster?			Y	N
Are you homeless?			Y	N
Do you require a unit with special features? (e.g. unit for mobility impaired, visually impaired, hearing impaired, walk-in shower, grab bars, no steps, etc.)			Y	N
If yes above, please circle features required:				
Unit for mobility impaired	Unit for visually impaired	Unit for hearing impaired		
Grab bars	No steps	Other:		
Describe:				

I hereby certify that the above is true and correct and complete to the best of my knowledge. I understand that any false statement or misrepresentation will be grounds for expulsion from the program and/or prosecution under Title 18, Section 1001 of the US Code.

I, _____, hereby give my permission for a credit and criminal background check, which is part of the application process.

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Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Types of Program Assistance (For Office Use ONLY)

****Important: You must notify us promptly should any information on this application change**

Tax Credit 50% 60%

Sec 811

June 2021

