



Address: 1000 S Armed Forces Blvd
 Warner Robins, GA 31088
Phone: 478.919.1077
Email: GatewayPointe@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 _____

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)

EMAIL: _____ **WORK #:** _____

How did you hear about us? _____ **D.O.B:** _____
DRIVER LICENSE STATE: _____
DRIVER LICENSE NUMBER: _____

HOUSEHOLD MEMBERS

A non-refundable \$25 application fee per adult household member is required.

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
Is the Head of Household or Spouse 62 years of age or older or disabled?			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%

ACC 30

February 2021

