



Thank you for your interest in residing at phase II of Gateway Pointe.  
**1- & 2-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 in person, or via email, fax or US Mail to:  
**Gateway Pointe, Attn: Mgmt Office, 900 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		

### FOR MORE INFORMATION:

GatewayPointeLiving.com | GatewayPointell@Penrose.com  
 T: 478.200.0887 | F: 478.352.0022 | TDD: 800.545.1833 x648



Address: 900 S Armed Forces Blvd  
 Warner Robins, GA 31088  
 Phone: 478.200.0887  
 Fax: 478.352.0022  
 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 \_\_\_\_\_

**Submit Pre-Application In Person, or via Email, Fax or U.S. Mail Addressed to:  
 Gateway Pointe II, Attn: Mgmt Office, 900 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

