

Thank you for your interest in residing at Oaks Intown. Studio, 1-, 2-, 3-, & 4-Bedroom Affordable Apartment Homes

## PRE-APPLICATION INSTRUCTIONS:

- Pre-application MUST be filled out in its entirety to be eligible for housing (one preapplication per household). Any incomplete applications will not be processed for the Oaks Intown waiting list.
- In order to be eligible, all households must meet the required income limits below. This income is based on the entire household.
- Pre-applications <u>MUST BE MAILED VIA US MAIL TO</u>:

## Oaks Intown, 716 W. Society Avenue, Albany, GA, 31701

- Pre-applications are time and date stamped, and processed in the order they are received. You will be contacted to complete the full application and interview process once an apartment becomes available.
- Please note that there is a preference given to former McIntosh Homes, O.B. Hines, Thronateeska Homes, and Golden Age Apartments residents with a right to return
- The following income restrictions apply: (Effective 5/2021, subject to change)

	1 Person	2 People	3 People	4 People	5 Person	6 People	7 People	8 People
Low HOME	\$19,150	\$21,900	\$24,650	\$27,350	\$29,550	\$31,750	\$33,950	\$36,150
50% AMI	\$19,500	\$22,300	\$25,100	\$27,850	\$30,100	\$32,350	\$34,550	\$36,800
60% AMI	\$23,400	\$26,760	\$30,120	\$33,420	\$36,120	\$38,820	\$41,460	\$44,160

## **Contact Us:**

OaksIntown.com I OaksIntown@Pennrose.com T: 229.434.4518 | F: 229.329.4617 | TDD: 800.545.1833 x646







Address: 716 W. Society Avenue

Albany, GA 31701

Phone: 229.434.4518 Fax: 229.329.4617

Email: OaksIntown@pennrose.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

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		ı	HEAD OF HOU	JSEHOLI	)	M F	
NAME:					SSN:		
(First) (Middle Initial)							
CURRENT ADDRESS:					_ HOME #:		
	(House #)	(Street N	ame)	(Apt. #)			
					CELL #:		
(City)	(State)	(Zip Code)			WORK #:		
EMAIL:					_ D.O.B:		
How did you hear abou	ut us?				DRIVER LICENSE STATE:		
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Employment/Wages					\$		
Social Security Income					\$		
Social Security Disability Income					\$		
Public Assistance (Welfare/TANF)					\$		
Child Support						\$	
Pension						\$	
Other Income (Ple	ase Specify):					\$	







## **Preferences for Determining Waiting List Position (if applicable)**

Do you or any member of your household have a DISABILITY?						
Is the Head of Household or Spouse 62 years of age or older or disabled?						
Are you currently employed?						
Are you a student or recent graduate of an educational or training program?						
Were you involuntarily displaced due to a natural disaster?						
Are you homeless?						
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.)						
If yes above, please circle features	s required:					
Unit for mobility impaired	Unit for visually impaired	Unit for hearing impaired				
Grab bars	No steps	Other:				
Describe:	•					
I,	n process, hereby give my pen process, hereby give my pe		ckground			
Applicant Signature:		Date:				
Applicant Signature:						
Applicant Signature: Date:						
Types of Program Assistance (For Of	info	nportant: You must notify us prompration on this application change	tly shoul	ld any		
Tax Credit 50%	60%					



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February 2021