

Date & Time Rec'd: _____

Staff Initials: _____

THRIVE SWEET AUBURN PREAPPLICATION/WAITLIST FORM

COMPLETED FORMS CAN BE DROPPED OFF DURING BUSINESS HOURS, EMAILED OR FAXED:
 DROP OFF (ACCEPTED DURING BUSINESS HOURS ONLY: M – TH 8:30AM – 5:30PM; F 8:30AM – 2:00PM):
 REYNOLDSTOWN SENIOR RESIDENCES
 695 FIELD STREET
 ATLANTA, GA 30316

 EMAIL: THRIVE@MERCYHOUSING.ORG FAX: 1-470-857-9612 (YOU MUST DIAL THE 1)

PRINT NAME (Head of Household) _____

Address _____

City _____ State _____ Zip Code _____

Phone(s) _____ Email _____

MONTHLY Household Income NOTE: Food stamps do not count as income.

Employment	Retirement	Public Assist/General Assistance	SSA/SSI	Other _____	Monthly Total

Bedroom Size Requesting: _____ Total # of persons to reside in apartment: _____

Do you or a household member need accessible features or features of an accessible unit? Y or N

Are you or a household member a veteran of the US military? Y or N

If YES, please explain _____

 Signature _____ Date _____


Mercy Housing Management Group is an equal opportunity housing provider abiding by the Federal Fair Housing Ordinance. We do not discriminate based on race, color, gender, sexual orientation, religion or disability.

