



# GEORGETOWN HOUSING AUTHORITY

## APPLICATION RENEWAL FORM

I, \_\_\_\_\_

(Print name)

SSN # \_\_\_\_\_

Date of Birth \_\_\_\_\_

I understand that every three (3) months I must notify the Georgetown Housing Authority that I am still interested in housing at (mark each program you have applied for):

Stonehaven Apts.

Shady Oaks Apts.

\_\_\_\_\_. I understand that I MUST have a current application for a housing program to renew my interest  
Initial in that program and that if I do not have an application for the program, that my name will NOT be added to the waiting list for that program.

\_\_\_\_\_. I understand that I must still notify the Housing Authority every three (3) months of my  
Initial interest to remain on the waiting list and if I do not notify the Housing Authority every three (3) months, my application can be terminated.

\_\_\_\_\_. I understand that by signing this notice I am requesting to be placed/remain on the waiting list for the  
Initial above marked programs.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Office use only:**

\_\_\_\_\_  
Received by:

\_\_\_\_\_  
Date