GE TOWER APARTMENTS

HOMEFlex Waiting-List Pre-Application

Application window: November 5, 2026 | 9:00 AM to 5:00 PM Eastern Time

490 Glenn Street SW, Atlanta, GA 30312 | 404-653-0988 | Relay: 711

getowermgr@fgcompanies.com | The Franklin Group | Equal Housing Opportunity

For the public and current residents. One form per household. No fee to join the waiting list.

Type in the shaded fields and click boxes, or print and write clearly. Do not include SSNs or documents.

1 APPLICANT AND HOUSEHOLD

Full name: _____ GE Tower resident? ☐ Yes ☐ No

If yes, unit #: _____

Mailing / safe contact address: _____

Phone: _____ Email: _____

Preferred contact: ☐ Phone ☐ Email ☐ Mail Provide at least one way to reach you.

Household size, including you: ___ Adults: ___ Children: ___

Other household members (names): _____

Bedrooms requested: ☐ 1 ☐ 2 ☐ 3 (check all requested) Monthly household income: $_____

Income: estimate the total before taxes/deductions; enter 0 if none. Full eligibility information is collected later.

2 PREFERENCE / TRANSFER REQUESTS - CHECK ALL THAT MAY APPLY

Management verifies requests under the TSP and Atlanta Housing Authority authorization. No preference is automatic.

☐ Current GE Tower tenant: I request review of a past waiting-list/admission issue.

☐ A household member needs an accessible unit.

☐ A household member needs a reasonable accommodation for housing or unit selection.

☐ A household member has a medical need for a different unit.

☐ Imminent threat / Atlanta Housing Authority-directed or VAWA emergency transfer (discuss privately).

☐ Current GE Tower resident: my unit is too small for my household.

☐ Current GE Tower resident: accessible features in my unit are no longer needed.

☐ Current GE Tower resident: my unit is uninhabitable due to fire, flood or other disaster.

☐ Current GE Tower resident: my unit is designated for rehabilitation or repair.

☐ Other GE Tower transfer request

☐ Other Atlanta Housing Authority-approved emergency/disaster preference

☐ None apply ☐ Not sure / please contact me privately

Do not describe a diagnosis or abuse here. Ask Management privately about safety, accommodation or language help.

3 APPLICANT CERTIFICATION

I certify this information is true to the best of my knowledge. I understand eligibility and preferences must be verified; this form does not guarantee housing or assistance. I will report contact or household changes.

Applicant signature (type or sign): _____ Date: _____

Other adult applicants (type or sign): _____

Return during the application window above, in person or through the approved secure portal.

MANAGEMENT USE ONLY - ACTUAL RECEIPT / APPLICATION RECORD

Received: _____ Time: _____ ☐ AM ☐ PM ET Title: _____ Staff: _____