

NOTICE OF HOUSING CHOICE VOUCHER PROGRAM WAITING LIST OPENING

The New Jersey Department of Community Affairs, Division of Housing and Community Resources, is now accepting applications for the Housing Choice Voucher Program in Salem County. Applications for housing assistance will be accepted from very low-income individuals and families based on the income limits established by the U.S. Department of Housing and Urban Development. You must be eighteen (18) years of age or older to apply, or an emancipated minor. Because of limited funding only the first **500** applications will be accepted.

INCOME LIMITS FOR SALEM COUNTY

<u>1 Person</u>	<u>2 Persons</u>	<u>3 Persons</u>	<u>4 Persons</u>	<u>5 Persons</u>	<u>6 Persons</u>	<u>7 Persons</u>	<u>8 Persons</u>
\$27,450	\$31,350	\$35,250	\$39,150	\$42,300	\$45,450	\$48,550	\$51,700

Please complete the *Preliminary Application for Housing Assistance* form and mail it to:

Department of Community Affairs
 Division of Housing & Community Resources
 Applicant Services Unit – **SALEM COUNTY**
 P.O. Box 051
 Trenton, NJ 08625-0051



Certified, registered, or special delivery mail may delay receipt of your application. Sending more than one application per family, and applications submitted by a fax machine will not be accepted. A photo-copy of the application form in this notice may be submitted, but any other form of the application will not be considered or accepted. The first **500** eligible applications will be included on the waiting list based on the date that the Applicant Services Unit received the applications. Notification of an applicant's acceptance to the waiting list may take several weeks.

PRELIMINARY APPLICATION FOR HOUSING ASSISTANCE

(Please Print)

Applicant's Name:	Application for: SALEM COUNTY
Current Mailing Address:	Optional Contact Person or Organization:
	Name:
	Address:
Daytime Telephone Number: ()	Telephone: ()
Would you like to receive correspondence from our agency by e-mail? If yes, provide your e-mail address:	

List Everyone Who Will Live in the Assisted Unit	Relationship to the Head of Household	Sex (M or F)	Date of Birth (mm/dd/yyyy)	Enter Each Member's 9-digit Social Security Number
1.	Head of Household		/ /	
2.			/ /	
3.			/ /	
4.			/ /	
5.			/ /	
6.			/ /	
7.			/ /	
8.			/ /	

Family Income and Assets: List total gross income (before taxes) and payments received by each family member age 18 and older for wages, military pay, pensions, social security, SSI, welfare, child support, unemployment, business, profession or any other source. Include payments made to family members 18 and older on behalf of other family members under age 18.

First Name	Gross Income	How Often	Type of Income
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____

List total cash value and total income received from assets owned by all family members:

Type of Asset	Cash Value of Assets	Income Received From Assets
Checking Accounts	\$ _____	\$ _____
Savings Accounts	\$ _____	\$ _____
Stocks, Bonds, CDs, Money Market Funds	\$ _____	\$ _____
Real Estate	\$ _____	\$ _____
Other: (Specify) _____	\$ _____	\$ _____

Federal regulations require the following for the head of household: 1. **Ethnicity** (check one box): Hispanic or Latino Not Hispanic or Latino; and 2. **Race** (check all that apply): White Black/African American American Indian/Alaska Native Asian Native Hawaiian/Other Pacific Islander

- PLEASE ANSWER THE FOLLOWING QUESTIONS BY CIRCLING EITHER YES OR NO -

Are you, or is a member of your household, a person with disabilities?	Yes	No
Has a member of your household threatened or committed physical violence against you or another member of your household?	Yes	No

Person With Disabilities: If you or a member of your household is a person with disabilities, do you require a specific accommodation to utilize our program's services? If yes, briefly explain: _____

Limited English Proficiency: If English is not your primary language, please identify your primary language: _____

U.S. Citizenship Notification and Certification: Housing assistance is contingent upon the submission and verification of evidence of citizenship or eligible immigration status prior to the time housing assistance is made available.

Certification: I certify that the information on this form is true and complete to the best of my knowledge and belief.

Signature of the Head of Household _____ Date _____

January 2011

Note: Previous editions of this application are obsolete.