

HOUSING AUTHORITY OF
THE TOWNSHIP OF
WOODBRI

*Pre- Application for
Senior/Disabled Housing*

Version: 04/01/2019

10 BUNNS LANE – WOODBRIDGE, NJ 07095

(732) 634-2750 / Fax: (732) 634-8421

FOR OFFICE USE ONLY

Elderly Family _____
Disabled Family _____
Any Family _____
Project-Based Voucher _____
Tenant-Based Voucher _____
Initial Review By: _____
Preference Points _____

DATE AND TIME STAMP

Tenant Computer # _____

WOODBIDGE HOUSING AUTHORITY

10 Bunns Lane

Woodbridge, New Jersey 07095

(732) 634-2750

Application for Subsidized Housing

Equal Housing Opportunity

The information which you are being asked to provide as the Head of Household is used to determine if your Household is both **eligible** and **qualified** for admission to the programs indicated below. This information is subject to verification, and you will be required to sign releases that will permit the Authority to confirm all information provided below. By signing this application, you are certifying that the information you have provided is correct.

It is the responsibility of the applicant to provide all required information for the program. If a question is not applicable to your household, please indicate this on the application. Your household will be added to the waiting list for the program specified on this application only at the time that the application is complete.

Please Print all Answers Legibly in Black or Blue Ink

1. Head of Household: _____

2. Spouse/Co-Head: _____

3. Current Address: _____

City/Town: _____ State _____ Zip _____

4. Home/cell Phone _____ Alternate Phone _____

5. Marital Status: Single Married Divorced Widowed

1. Are you and each member of your household a U.S. Citizen, or do you and each household member possess eligible immigrant status which can be verified with the U.S. Immigration and Naturalization Service? (You will need to complete a Section 214 Declaration for each member of the household prior to receiving housing.)

Yes __ No __

2. Please indicate all racial, minority or ethnic group(s) to which household members belong by circling the appropriate group(s) listed below. An answer to this question is not mandatory for completion of this application, but aids HUD in demographic reporting.

Native American _____ Asian _____ African-American _____ White _____ Hispanic _____ Non-Hispanic _____

3. Please provide the full name including middle initial of all Household members who will be living in the unit, their date of birth, place of birth, sex, relationship to the Head of Household, occupation and Social Security Number. Social Security #'s will be used for income verification. If any of this information is not provided, the application will be considered incomplete and will not be processed.

NAME	Date of Birth	Place of Birth	SEX	Relation to Head of Household	Social Security Number
1 .				HEAD	
2 .					

4. Does anyone in your Household own a pet? _____ If yes, please describe: _____

(No more than one dog or cat allowed per unit and must conform to WHA restrictions... other pet restrictions apply.)

5. Does Annual Income for 1 person household exceed **\$37,800.00.** Yes ___ No ___

6. Does Annual Income for 2 person household exceed **\$43,200.00.** Yes ___ No ___

What is your total Income... Monthly _____ Annually _____

(All sources of income must be included: ie, social security, pension, wages, unemployment, disability)

7. Have you or any member of your household who will reside in the unit ever been convicted of a felony? Yes ___ No ___

If yes, when? Please describe charges

Note: Information from the National Criminal Information Clearinghouse (NCIC) will be reviewed for you and/or any other adult household members. If a match is found, fingerprints for a FBI check will also be required. Failure to provide fingerprints will result in denial of your public housing application.

8. Are you or any member of your household required to register in any state as a sex offender?

Yes ___ No ___

9. Do you wish to apply for: (You May Select only 1 unit size)

An efficiency unit ___

A one bedroom unit ___

A two bedroom unit ___ (Please note that we have only 3 two bedroom units)

10. Which site/sites are you applying to reside at:

Finn Towers ___ Adams Towers ___ Greiner Towers ___ Olsen Towers ___

Stern (Red Oak) _____

(You may elect one or more sites)

DECLARATION OF CITIZENSHIP STATUS (SECTION 214)

NOTICE TO APPLICANTS AND TENANTS:

In order to be eligible to receive the housing assistance you seek, you, as an applicant or current recipient of housing assistance, must be lawfully within the U.S. Please read the Declaration statements carefully, check that which applies to you, and sign and return the document to the Housing Authority Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____, certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- () I am a citizen by birth, a naturalized citizen or a national of the United States; or
- () I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age 2/; or
- () I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and a signed verification consent form.
 - () Immigrant status under §101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA) 3/; or
 - () Permanent residence under §249 of INA 4/; or
 - () Refugee, asylum, or conditional entry status under §§207, 208, or 203 of the INA 5/; or
 - () Parole status under §§212(d)(5) of the INA 6/; or
 - () Threat to life or freedom under §243(h) of the INA 7/; or ()
Amnesty under §245 of the INA 8/.

(Signature of Family Member)

(Date)

() Check box if signature is of adult residing in the unit who is responsible for child named on statement above.

FOR HA ONLY: INS/SAVE Primary Verification #: _____ Date: _____

1/ **Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

- 2/ **Eligible immigration status and 62 years of age or older.** For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
- 3/ **Immigrant status under §§101(a)(15) or 101(a)(a)(20) of INA.** A noncitizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [*immigrant status*]. This category includes a noncitizen admitted under §§210 or 210A of the INA (8 U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.
- 4/ **Permanent residence under §249 of INA.** A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].
- 5/ **Refugee, asylum, or conditional entry status under §§207, 208 or 203 of INA.** A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C. 1158 [*asylum status*]; or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C. 1153 (a)(7)) before April 1, 1980, because of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
- 6/ **Parole status under §212(d)(5) of INA.** A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [*parole status*].
- 7/ **Threat to life or freedom under §243(h) of INA.** A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h) [*threat to life or freedom*].
- 8/ **Amnesty under §245A of INA.** A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.

Instructions to Family Member For Completing Form: On opposite page, print or type first name, middle initial(s), and last name. Place an "X" or "√" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "√" in the box below the signature if the signature is by the adult residing in the unit who is responsible for Child.

PREFERENCE ELIGIBILITY

APPLICANT SELECTION PLAN AND PREFERENCES IN THE ADMINISTRATIVE PLAN - AS AMENDED 04/2019

CATEGORY A: SELF-SUFFICIENCY

- **Working** **yes** _____ **no** _____

A head of household, co-head, spouse, or sole member of household must document employment of at least twenty-one (21) hours per week. Employment must be enforce at the time of housing offer. **Heads of household over 62 years of age or permanently disabled will be automatically granted this preference.**

CATEGORY B: MILITARY SERVICE

This preference applies to applicants whose head of household, co-head, spouse or sole member is a current United States serviceperson or an honorably discharged or retired veteran.

- **Current United States serviceperson** **yes** _____ **no** _____

A current serviceperson is defined as an individual who is an active member of a branch of the United States military, including the reserves or National Guard, and has served for at least 182 days.

- **Veteran** **yes** _____ **no** _____

A veteran shall be defined as an individual who has been honorably discharged from a branch of the United States military, including the reserves or National Guard. An honorable discharge must be evidenced by submission of a Department of Defense Form 214 (DD-214). Surviving spouses of an honorably discharged veteran are also eligible for the military service preference.

CATEGORY C: HOMELESS **yes** _____ **no** _____

• **Homeless Preference** shall be given to families who are homeless, which is defined by HUD regulation as families lacking a fixed, regular and adequate nighttime residence. This would include:

(1) Persons whose primary nighttime residence is a publicly or privately operated shelter or hotel/motel, institutionalized persons and persons regularly spending their nights in public or private places that are not ordinarily used as regular sleeping accommodations for human beings. A homeless family does not include any person imprisoned or otherwise detained pursuant to an Act of the Congress or a State law or persons living with family members. The documentation that will serve as proof of homeless status includes letters from a social service agency/shelter or hotel/motel receipts.

(2) Those who face the imminent loss of their primary nighttime residence. A court documented eviction notice, or documentation that a person's dwelling has been destroyed, or is scheduled for demolition.

(3) Those who are unaccompanied youth and homeless families with children and youth who are defined as homeless under other federal laws who do not otherwise qualify as homeless under the definition. Certified documentation must be presented for review by the ED.

(4) Those who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence

against them that has either taken place within their primary nighttime residence, or has made them afraid to return to their primary nighttime residence, and who have no other residence and lack the resources or support networks to obtain other permanent housing. Applicant must

supply police reports, or other substantial documentation to support this claim.

A family not residing in a shelter can receive the preference for Homelessness if they are able to provide documentation from a local, county, state, or federal agency that their residency was lost as a result of any of the following:

- Disaster such as fire or flood, resulting in extensive damage or destroying the unit;
- An activity carried on by an agency of the United States or State or by local governmental body or agency in connection with code enforcement of public improvement or development program;
- Family members have provided information on criminal activities to a law enforcement agency and based on a threat assessment, the law enforcement recommended re-housing the family to avoid or minimize a risk of violence against the family members as reprisal for providing such information;
- The applicant has vacated a housing unit because one or more members of the applicant's family have been the victim of one or more hate crimes. The hate crime(s) **must** be recent (within the last three years) OR is of a continuing nature. The definition of a Hate Crime is actual or threatened physical violence or intimidation that is directed against a person or his or her property and that is based on the person's race, color, religion, sex, national original, handicap or familial status;
- An action by an owner which resulted in the applicant having to vacate his/her unit, where:
 - ✓ The reason for the owner's action was beyond the applicant's ability to control or prevent.
 - ✓ The action occurred despite the applicant having met all previously imposed conditions of occupancy.
 - ✓ The action was taken for a reason other than a rent increase.

An applicant will only be afforded this preference if he or she is not living in a safe, standard housing unit at the time of admission to the program. Temporary residence with family members or friends does not qualify a family as homeless.

CATEGORY D: RESIDENCY

yes_____

no_____

Households who live, work, or have been hired to work in the Township of Woodbridge receive the residency preference. For those individuals and families who have been displaced by any of the conditions described above, residence shall be defined as the most recent permanent residence.

CATEGORY E: ELDERLY

yes_____

no_____

Applicants for residency at Finn, Adams, Olsen, Greiner, or Stern (Red Oak) Towers who are 62 years of age or older receive this preference.

_____ • **I AM NOT ENTITLED TO ANY OF THE ABOVE LOCAL (NON-FEDERAL) PREFERENCES.**

Signature of Applicant

Date

PREFERENCE POINTS/ RANKING SYSTEM

Residency will afford the applicant family (5) points. All other preference categories will give the family (1) point.

For applicant families with an equal accumulation of preference points, the date and time of application receipt and approval will be utilized to determine sequence on the waiting list.

VERY IMPORTANT:

While we do not want documentation to prove eligibility for these preferences at this time, please be aware that proof will be required at the time your name reaches the top of the wait list. If you cannot at that time document your eligibility, the preference points will be eliminated and your name will drop to a lower position.

Please do not claim eligibility for preferences that you are not eligible for.

