



# HOUSING AUTHORITY of the TOWNSHIP of WOODBRIDGE

800 B Bunns Lane, Woodbridge, NJ 07095-1726  
Phone:(732) 634-2750 Fax: (732) 634-8421

## INSTRUCTIONS PLEASE READ CAREFULLY

**Dear Applicant:**

Attached please find the application package for our **Senior/Disabled Low-Income Housing/Project-Based Voucher**. It is **necessary** for you to complete the enclosed application in its **entirety**, being **very careful** to complete all portions as best you can in order to have your family considered for our waiting list.

When returning this application, it will be necessary for you to provide us with photocopies of the items listed below. **We will NOT make photocopies. It is your responsibility to obtain the copies required and include them with your application package.** Use this list as a guideline for which categories pertain to your household.

- You **must provide citizenship paperwork** for all family members (i.e., birth certificates and social security card or passports and social security cards)
- You **must provide backup documentation** for each category that pertains to your household: Income, Assets, Expenses. (i.e., paystubs, Social Security and/or unemployment benefits, pensions, retirement accounts, child support verification, TANF, bank statements for all bank accounts, life insurances, food stamps, copy of most recent Income Taxes etc.)
- You **must provide proof** for each preference point that you are claiming
  - Woodbridge residency- Must provide lease and ID
  - Woodbridge residency due to working in Woodbridge- must provide employer verification of full-time work in Woodbridge
  - Veteran- must provide DD214
  - Homeless-must provide hotel/shelter receipt
  - Working family- must provide paystubs
  - Elderly must provide copy of your birth certificate or some other document to confirm your age

**Completed applications may be returned to:  
800 B Bunns Lane in Woodbridge New Jersey 07095.**

If you wish to have confirmation that your application was received, you can send it via Return Receipt Requested through the Post Office.

**In addition, please be sure to notify this office in writing of any change of address or phone numbers!** This is most important when contacting applicants. If we do not have a current address, we cannot contact you; and the result will **be removal from the waiting list.** **It is your responsibility to notify this office** of any change in family household size (family members), income, local preference(s), etc. **Failure to comply with this directive may jeopardize your standing on the waiting list.** Any changes must be made in writing, we advise you to forward by Certified Mail; Return Receipt Requested, to this office within (30) days of the change.

***YOUR FAILURE TO SUPPLY THE REQUESTED VERIFICATIONS CHECKED WILL RESULT IN  
REJECTION OF YOUR APPLICATION!  
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED!***

Thank You for your interest shown in the Woodbridge Housing Authority.

# APPLICATION

## Senior/Disabled Low-Income Housing/Project-Based Voucher HOUSING AUTHORITY of the TOWNSHIP of WOODBRIIDGE

800B Bunns Lane, Woodbridge, NJ 07095-1726  
Phone: (732) 634-2750 Fax # (732) 634-8421

For Office Use Only  
Tenant Computer # \_\_\_\_\_

Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Initials: \_\_\_\_\_

Name of Person Applying for Assistance \_\_\_\_\_  
(Head of Household)

Address (Street) \_\_\_\_\_ Apt. No. \_\_\_\_\_  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Telephone Number (the best one to reach you during the day) \_\_\_\_\_

Alternate telephone number to relay a message to you \_\_\_\_\_

Email: \_\_\_\_\_

**Program you are applying for: Project Based Voucher / Senior Sites**

**Please initial your choice (You must choose only ONE unit size)**

- An efficiency unit \_\_\_\_\_
- A one-bedroom unit \_\_\_\_\_
- A two-bedroom unit \_\_\_\_\_

(Please note that we have only 3 two-bedroom units)

**[NOTE: THERE IS 1 TWO BEDROOM UNIT IN EACH OF THE FOLLOWING BUILDINGS:  
FINN, GREINER, AND RED OAK]**

**Which site/sites are you applying to reside at: (You may elect one or more sites)**

**Please initial your choice**

- Finn Towers \_\_\_\_\_
- Adams Towers \_\_\_\_\_
- Greiner Towers \_\_\_\_\_
- Olsen Towers \_\_\_\_\_
- Red Oak \_\_\_\_\_ **Only eligible for 1-bedroom applicants**

### This Section for Office Use Only

#### Preferences:

- Resident
- Veteran  Homeless and Disabled Veteran  Homeless Veteran  Disabled Veteran
- Working Family  Elderly
- Homelessness  Special Unit Requirement \_\_\_\_\_

**Income Limits - Publishing Date: June 2021**

Which of the following categories apply to you? (*Voluntary and collected for statistical purposes only*)

1.  White     Black     American Indian/Alaskan Native     Asian/Pacific Islander

2.  Hispanic     Non-Hispanic

**Program Information**

Please answer all of the following questions that apply to you:

Are you currently living in subsidized housing?     Yes     No

Have you ever lived in subsidized housing?     Yes     No

If you are now living or have ever lived in subsidized housing, please fill in the name and address of the housing authority or other agency that runs the program as well as the type of housing assistance program (such as Public Housing, Section 8, etc.) and the dates you received the assistance:

Name of authority or agency: \_\_\_\_\_  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Type of housing assistance received:

Public Housing    Dates: From \_\_\_\_\_ To \_\_\_\_\_

Section 8    Dates: From \_\_\_\_\_ To \_\_\_\_\_

Do you owe any money to another housing authority?     Yes     No

How long have you lived at your current address?    \_\_\_\_\_ year(s)

Name & address of your current landlord:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you or any member of your household ever been evicted from federally assisted housing for drug-related criminal activity?**

Yes     No

**Have you or any member of your household ever been convicted of a drug charge?**

Yes     No

**Have you or any member of your household ever been engaged in illegal drug use?**

Yes     No

**Have you or any member of your household ever been engaged in criminal activity?**

Yes     No

Are you or any member of your household subject to lifetime registration as a sex offender under a State registration program?

Yes       No

Do you or any member of your household consume alcohol to the extent that it causes you to become abusive towards family or neighbors?

Yes       No

Have you or any member of your household ever been arrested or convicted for incidents related to the destruction of property or violent activity toward another person(s)?

Yes       No

How did you hear about WHA's housing programs? \_\_\_\_\_

Do you currently use any services such as visiting nurses or homemakers?

Yes       No

If yes, what is the name of the agency that provides the service?

**PERSONS IN HOUSEHOLD**

Please list each person, including yourself, who is expected to live in your apartment. List the head of the household first. In the space marked "Relationship", please put what the person's relationship is to the head of household (such as spouse, or live-in aide.)

|           |  |
|-----------|--|
| <b>#1</b> | <b>Name:</b> _____<br><b>Relationship:</b> Head of Household <b>Date of Birth:</b> / / <b>Age</b> _____<br><b>MALE</b> <input type="radio"/> <b>FEMALE</b> <input type="radio"/> <b>Disabled:</b> <input type="radio"/> YES <input type="radio"/> NO<br><b>SS#</b> -      - <b>Place of Birth:</b> _____<br><b>Marital Status:</b> <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Widowed |
| <b>#2</b> | <b>Name:</b> _____<br><b>Relationship:</b> _____ <b>Date of Birth:</b> / / <b>Age</b> _____<br><b>MALE</b> <input type="radio"/> <b>FEMALE</b> <input type="radio"/> <b>Disabled:</b> <input type="radio"/> YES <input type="radio"/> NO<br><b>SS#</b> -      - <b>Place of Birth:</b> _____<br><b>Marital Status:</b> <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Widowed             |
| <b>#3</b> | <b>Name:</b> _____<br><b>Relationship:</b> _____ <b>Date of Birth:</b> / / <b>Age</b> _____<br><b>MALE</b> <input type="radio"/> <b>FEMALE</b> <input type="radio"/> <b>Disabled:</b> <input type="radio"/> YES <input type="radio"/> NO<br><b>SS#</b> -      - <b>Place of Birth:</b> _____<br><b>Marital Status:</b> <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Widowed             |

Please have documentation for all categories as they pertain to each family member.

**INCOME**

In **each income category**, be sure to list **all** income received by **each person who will be a member of your household**. Also, please make sure to always list the **gross monthly income**. This means the **total amount** received each month **before** deductions are taken out.

**Income Category      Name of Household Member      Gross Monthly Amount**

|                                 |       |          |
|---------------------------------|-------|----------|
| <b>Social Security/<br/>SSI</b> | _____ | \$ _____ |
|                                 | _____ | \$ _____ |
|                                 | _____ | \$ _____ |

**Pension      Name of Household Member      Gross Monthly Amount**

|                 |       |          |
|-----------------|-------|----------|
| (Source: _____) | _____ | \$ _____ |
| (Source: _____) | _____ | \$ _____ |

**VA Benefits      Name of Household Member      Gross Monthly Amount**

|                 |       |          |
|-----------------|-------|----------|
| (Claim # _____) | _____ | \$ _____ |
| (Claim # _____) | _____ | \$ _____ |

**Unemployment Compensation      Name of Household Member      Gross Monthly Amount**

|                                      |       |          |
|--------------------------------------|-------|----------|
| <b>Unemployment<br/>Compensation</b> | _____ | \$ _____ |
|                                      | _____ | \$ _____ |

**AFDC/GENERAL ASSISTANCE/  
FOOD STAMPS      Name of Household Member      Gross Monthly Amount**

|   |       |          |
|---|-------|----------|
| <b>AFDC/GENERAL<br/>ASSISTANCE/<br/>FOOD STAMPS</b> | _____ | \$ _____ |
|   | _____ | \$ _____ |

**State Supplement Program  
RAP, TRA, ETC.      Name of Household Member      Gross Monthly Amount**

|  |       |          |
|--|-------|----------|
| <b>State Supplement<br/>Program<br/>RAP, TRA, ETC.</b> | _____ | \$ _____ |
|  | _____ | \$ _____ |

**WAGES**

**Name of Household Member** **Gross Monthly Amount**

\_\_\_\_\_ \$ \_\_\_\_\_

Position: \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

**Name of Household Member** **Gross Monthly Amount**

\_\_\_\_\_ \$ \_\_\_\_\_

Position: \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

**Alimony**

**Name of Household Member** **Gross Monthly Amount**

\_\_\_\_\_ \$ \_\_\_\_\_

**Child Support**

\_\_\_\_\_ \$ \_\_\_\_\_

**Other Income**

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

(Describe): \_\_\_\_\_

**ASSETS**

Assets include **all** bank accounts, certificates of deposit, IRA accounts, money market accounts, real estate, stocks, bonds, trusts, cash value of investments, cash surrender value of Whole Life insurance, etc.

In the first part of this section, please list all assets except real estate **for each person who will be a member of your household.**

**Checking Accounts**

| Name of Household Member | Bank  | Account # | Balance  | Interest Rate |
|--------------------------|-------|-----------|----------|---------------|
| _____                    | _____ | _____     | \$ _____ | _____ %       |
| _____                    | _____ | _____     | \$ _____ | _____ %       |
| _____                    | _____ | _____     | \$ _____ | _____ %       |

**Savings Accounts**

|       |       |       |          |         |
|-------|-------|-------|----------|---------|
| _____ | _____ | _____ | \$ _____ | _____ % |
| _____ | _____ | _____ | \$ _____ | _____ % |
| _____ | _____ | _____ | \$ _____ | _____ % |
| _____ | _____ | _____ | \$ _____ | _____ % |

**Certificates of Deposit**

|       |       |       |          |         |
|-------|-------|-------|----------|---------|
| _____ | _____ | _____ | \$ _____ | _____ % |
| _____ | _____ | _____ | \$ _____ | _____ % |
| _____ | _____ | _____ | \$ _____ | _____ % |

**IRAs (Individual Retirement Accounts)**

| <b>Bank/Institution</b> | <b>Value</b> | <b>Interest Rate</b> |
|-------------------------|--------------|----------------------|
| _____                   | _____        | _____ %              |
| _____                   | _____        | _____ %              |
| _____                   | _____        | _____ %              |

**Stocks**

| <b>Name of Stock</b> | <b>Value</b> | <b>Dividend</b> |
|----------------------|--------------|-----------------|
| _____                | _____        | _____ %         |
| _____                | _____        | _____ %         |
| _____                | _____        | _____ %         |

**Bonds**

|       |       |         |
|-------|-------|---------|
| _____ | _____ | _____ % |
| _____ | _____ | _____ % |

**Trust Accounts**

| <b>Name of Household Member</b> | <b>Bank</b> | <b>Account #</b> | <b>Balance</b> | <b>Rate</b> |
|---------------------------------|-------------|------------------|----------------|-------------|
| _____                           | _____       | _____            | \$ _____       | _____ %     |
| _____                           | _____       | _____            | \$ _____       | _____ %     |

**Life Insurance**

| <b>Insurance Company</b> | <b>Policy Number</b> |
|--------------------------|----------------------|
| _____                    | _____                |
| _____                    | _____                |
| _____                    | _____                |

**Property**

If you or any member of your household own a **home** or any **land**, either **by yourself or with others**: please list below **what each property is, where it is located, and how much it is worth**. Please do the same for each person who will be living with you who owns property.

| Type of Property | Address | Value    |
|------------------|---------|----------|
| _____            | _____   | \$ _____ |
| _____            | _____   | \$ _____ |
| _____            | _____   | \$ _____ |

**Please list below any assets** (cash assets, savings accounts, Certificates of Deposit, IRAs, Stocks, Bonds, Trust Accounts, Life Insurance, real estate, etc.) **that you, or any person who will be living with you, have sold, or given away during the past two (2) years:**

| Asset (Describe) | Amount Received |
|------------------|-----------------|
| _____            | \$ _____        |
| _____            | \$ _____        |
| _____            | \$ _____        |

**EXPENSES**

• **Medical Expenses**

Please list below **only medical expenses that are not covered by insurance** for each person who will be a member of your household. In the space marked "Type of Expense" list what the medical expense is, such as prescription, medical insurance premium, etc. Include doctor or hospital bills **only if there is a monthly payment owed on a back balance**. Remember, in this section you should list **only items that are not covered by insurance**.

| Name of Household Member | Type of Expense | Monthly Payment |
|--------------------------|-----------------|-----------------|
| _____                    | _____           | \$ _____        |
| _____                    | _____           | \$ _____        |
| _____                    | _____           | \$ _____        |
| _____                    | _____           | \$ _____        |

• **Handicap Assistance Expenses**

If, because of a disability, anyone who will be a member of your household incurs expenses including, but not limited to, special equipment (such as special features in a vehicle) to maintain employment, or if an attendant is required for the disabled person so that household members can work, please complete the following:

| Name of Household Member | Type of Assistance/Expense | Provider | Monthly Payment |
|--------------------------|----------------------------|----------|-----------------|
| _____                    | _____                      | _____    | \$ _____        |
| _____                    | _____                      | _____    | \$ _____        |



## Special Unit /Communications Requirements

The following questions are asked of every applicant for WHA housing assistance to determine needs for special features in housing. The need for special adaptations must be verified to make sure that the limited number of units with special features go to households that actually need the features.

1. Do you or any member of your household have a condition that requires:
- |   |  |
|---|--|
| <input type="checkbox"/> A wheelchair-accessible apartment        | <input type="checkbox"/> Bedroom/Bath on 1st floor |
| <input type="checkbox"/> A one-level unit                         | <input type="checkbox"/> Live-In Aide              |
| <input type="checkbox"/> Other unit modifications (explain) _____ |  |
2. Can you and all household members use stairs unassisted?  Yes  No
3. Can you speak and understand spoken English?  Yes  No
4. Can you read and write in the English language?  Yes  No

**FOR PUBLIC HOUSING ONLY: If you have a disability**, and as a result of your disability you need any of the following to give you or a family member an equal chance to live in public housing and use the facilities or take part in programs on site:

- a change in the rules or policies or how we do things that would.
- a change or repair in an apartment or a special type of apartment
- a change or repair to some other part of the housing site
- a change in the way we communicate with you or give you information.

You may ask for a **REASONABLE ACCOMMODATION**, if you can show that you have a disability, and if your request is reasonable and does not pose an undue financial or administrative burden, the WHA will try to make the changes you request. You must request and complete a Reasonable Accommodation form.

***If you are a person with disabilities or handicap and require a reasonable accommodation or special assistance, please contact our ADA/Section 504 Coordinator, Ms. Kathleen DiTomasso at the Main Office, 800B Bunns Lane, Woodbridge, New Jersey. She may be reached at (732) 634-2750 x104 and will make every attempt to assist you.***

## RESIDENCE / LANDLORD HISTORY

What type of pets do you own? \_\_\_\_\_

Have you ever been brought to court by a landlord or brought the landlord to court?

Yes  No **If yes, explain fully with names and dates (include evictions and small claims).**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list your previous addresses if you have resided in your current residence less than five (5) years.

| PREVIOUS ADDRESS 1  |  | PREVIOUS ADDRESS 2   |       |
|---|--|--|-------|
| Street Address  | Apt #  |  | Apt # |
| City, State, Zip  |  |  |       |
| Is <b>your</b> name on this lease? Yes <input type="checkbox"/> No <input type="checkbox"/> |  | Yes <input type="checkbox"/> No <input type="checkbox"/>               |       |
| You lived here # from: / / until / /  |  | from: / / until: / /   |       |
| Monthly Rent  | \$   | \$   |       |
| Reason for moving?  |  |  |       |
| Landlord Name   |  |  |       |
| Landlord Street   |  |  |       |
| Landlord City, Zip  |  |  |       |
| <i>for office use only</i>  | 1st request date sent _____ ret _____<br>3rd party tel. date by: _____ | 1st request date sent _____ ret _____<br>3rd party tel. date by: _____ |       |

### Availability of an Apartment

**Person(s) to contact in the event we are unable to reach you.** There are times when applicants seek temporary housing with family and/or friends. In the event we are unable to reach you when a unit becomes available, please provide us with contacts with two other persons who will be able to relay the message to you regarding an available unit. **If we are unable to be to reach you, you will be removed from the waiting list.**

1)  
 Name: \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

2)  
 Name: \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

## PREFERENCES:

Before you complete this part of the application, it is very important that you carefully review the following "Preferences". If, after reviewing, you are still not sure whether or not you qualify for any Preference(s), WHA staff will be happy to answer any questions you might have.

Your status on the waiting list shall be based, in part, along with date and time of application.

Therefore, all preference(s) claimed shall be subject to a careful check and verification. Further, re-verification of these preferences claimed shall be conducted prior to an offer being tendered in order to maintain the "preference standing" on the waiting list.

When you are sure that you understand the different Preference categories, please check the box next to the Preference(s) listed below, if any, that you think you qualify for.

- I am a resident of the Township of Woodbridge and/or I am presently employed within the Township of Woodbridge or have a written promise of employment within Woodbridge.  
**(You must provide proof)**
- I am an active \_\_\_\_\_ retired or separated \_\_\_\_\_ Homeless and Disabled Veteran  
**(You must provide copy of DD214, SSI/disability verification, and hotel/shelter receipt).**
- I am an active \_\_\_\_\_ retired or separated \_\_\_\_\_ Homeless Veteran.  
**(You must provide copy of DD214 and hotel/shelter receipt).**
- I am an active \_\_\_\_\_ retired or separated \_\_\_\_\_ Disabled Veteran.  
**(You must provide copy of DD214 and SSI/disability verification letter).**
- I am an active \_\_\_\_\_ retired or separated \_\_\_\_\_ Veteran (not homeless and/or disabled) or the spouse of a Veteran of the Armed Forces of the United States and Claim a Veteran Preference.  
**(You must provide copy of DD214).**
- I am homeless. I do not have a permanent home that is in standard condition and/or a regular, fixed, sleeping night time residence. **Verification required.**
- I qualify as a "working family" meaning, either myself and spouse, or sole member is employed for a minimum of 21 hours per week and that such income qualifies under HUD's definition of "annual income." **Heads of household over 62 years of age or permanently disabled will be automatically granted this preference.**
- Elderly (62 years of age or older)

**In accordance with WHA's ONE STRIKE AND YOU'RE OUT POLICY,**  
 The Woodbridge Housing Authority shall screen out and deny admission to any applicant who:

- has a recent history of criminal activity involving crimes to persons or property and/or criminal acts that affect the health, safety, or right to peaceful enjoyment of the premises by other residents.
- was evicted from assisted housing within three years of the projected date of admission because of drug-related criminal activity.
- the Housing Authority has determined the individual to be illegally using a controlled substance.
- the Housing Authority has determined the individual to be abusing alcohol in a way that may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents.
- The Housing Authority has determined that there is reasonable cause to believe that the applicant's pattern of illegal use of a controlled substance or pattern of abuse of alcohol may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents.
- has been convicted of manufacturing methamphetamine (speed) will automatically be denied admission to Public Housing and Section 8 as required by the Quality Housing Work Responsibility Act (QHWRA).

**CERTIFICATION**

I have read this application and understand it. All the information I have given on this application is true and accurate. I understand that giving false information on this application is a federal crime, will result in rejection of this application, and may result in 5 years in jail or a \$10,000 fine.

I understand that this is only an application and does not in any way guarantee that I will receive housing assistance through the Woodbridge Housing Authority. I understand that I may be rejected if my household composition, income, resident history, living habits or police record does not meet program requirements established by the U. S. Department of Housing and Urban Development and the Woodbridge Housing Authority.

I do not and will not receive housing assistance for more than one apartment at a time with this Housing Authority or anywhere else. If I receive housing assistance through this program, the apartment I live in will be my permanent home for as long as I am in the program.

**I understand that it is my responsibility to update the Woodbridge Housing Authority of any change in address or telephone number. If I cannot be reached by telephone or mail, my application may be deleted from the waiting list.**

\_\_\_\_\_  
 Head of Household

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Spouse/Person Applying with Head of Household

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Other Adult Household Member

\_\_\_\_\_  
 Date



HOUSING AUTHORITY of the TOWNSHIP of WOODBRIDGE  
800B Bunns Lane, Woodbridge, NJ 07095-1726  
Phone: (732) 634-2750 Fax: (732) 634-8421

## WHA AUTHORIZATION For Release of Information

I, \_\_\_\_\_ (legal name), authorize any agencies, offices, groups, organizations or businesses to inform the Housing Authority of the Township of Woodbridge of any information or materials which are deemed necessary to complete/verify my application or maintain my participation in the Housing Choice Voucher or Public Housing Programs. These organizations include but are not limited to: financial institutions, Employment Security Commission, past or present employers, Social Security Administration, Welfare and Food Stamp agencies, child care agencies, Veteran's Administration, court clerks, utility companies, Worker's Compensation payers, hospitals, public and private retirement systems, law enforcement agencies, attorneys, credit providers and banks.

I understand that the Department of Housing and Urban Development (HUD) may conduct computer-matching programs in order to verify the information supplied on my application or recertification. I understand and agree that this authorization and the information gathered with it may be given to and used by HUD in the administration and enforcement of HCV program rules. I understand that in administering the program, HUD may obtain information from other Federal, State or local agencies, including State Employment Security Agencies, Department of Defense, Office of Personnel Management, Social Security Administration and State Welfare and food stamp programs. **If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority. The ADA Coordinator for the WHA is Kathleen Ditomasso. She can be reached at (732-634-2750 x 104).**

Signed:

\_\_\_\_\_  
Applicant/Participant

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
WHA Staff Member

\_\_\_\_\_  
Date

# Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

PHA requesting release of information: **(Cross out space if none)**  
(Full address, name of contact person, and date)

Woodbridge Housing Authority  
800B Bunns Lane  
Woodbridge, NJ 07095

IHA requesting release of information: **(Cross out space if none)**  
(Full address, name of contact person, and date)

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

### Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(I)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.**

This consent form expires 15 months after signed.

Signatures:

|  |       |                                 |       |
|--|-------|---------------------------------|-------|
| _____  | _____ |                                 |       |
| Head of Household                                    | Date  |                                 |       |
| _____  |       | _____                           | _____ |
| Social Security Number (if any) of Head of Household |       | Other Family Member over age 18 | Date  |
| _____  | _____ | _____                           | _____ |
| Spouse   | Date  | Other Family Member over age 18 | Date  |
| _____  | _____ | _____                           | _____ |
| Other Family Member over age 18                      | Date  | Other Family Member over age 18 | Date  |
| _____  | _____ | _____                           | _____ |
| Other Family Member over age 18                      | Date  | Other Family Member over age 18 | Date  |

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.



# HOUSING AUTHORITY of the TOWNSHIP of WOODBRIDGE

800B Bunns Lane, Woodbridge, NJ 07095-1726  
Phone: (732) 634-2750 Fax: (732) 634-8421

## **Notice to Prospective Applicants**

Please be aware that the Woodbridge Housing Authority (WHA) currently receives all of its' funding through the Housing Choice Voucher (Section 8) Program after applying for and being approved for HUD's Rental Assistance Demonstration (RAD) Program. This means that each of our units has a project based voucher attached to it and we therefore adhere to the Section 8 program's guidelines when determining income eligibility for participation in the Section 8 program. (Eligibility requires that a family not exceed 50% of the established median income.) **However, the RAD program requires that we establish specific rent amounts by unit size. Therefore, while you may be income eligible to participate in the Section 8 program, thirty (30) % of your gross income (TTP) may exceed the established rent deeming you ineligible to lease the RAD units.**

Should this be the case, the WHA will unfortunately have to deny your application.

\_\_\_\_\_  
Applicant Signature of Acknowledgment

\_\_\_\_\_  
Date





# HOUSING AUTHORITY of the TOWNSHIP of WOODBRIDGE

800B Bunns Lane, Woodbridge, NJ 07095-1726

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

## **Notice to All Applicants**

Public Housing Agencies are regulated by very demanding time constraints regarding the number of days any unit that is ready for occupancy may remain vacant. Because of these time constraints, it is imperative that the Woodbridge Housing Authority have the ability to reach you.

Once we receive notification that a vacant unit is ready to be occupied, it is our policy to contact the next person eligible for that unit size on our waiting list. If that person happens to be you, but we are unable to make contact with you, we will be forced to move on to the next person on the list and you will be dropped from said list.

Please be sure that we have a phone number where we can reach you at all times. If you do not have a phone, you should see if a neighbor is willing to take a call for you and relay a message that you need to contact us.

If there is no possible way to reach you by phone, we will of course immediately send out a short note advising you to contact us immediately. It is imperative that you do so upon receipt of said letter. If you do not retrieve your mail every day, you will be passed over and dropped from the list. We can only wait two days for a response before moving on to the next applicant. Additionally upon calling you to verify your eligibility if you do not provide the necessary documents within two business days we will be forced to remove you from the waiting list.

**Also, please be aware that whenever a unit is offered to you, you must be prepared to accept the unit immediately. This will require you to have available, a one-month security deposit plus rent money pro-rated from the date of lease-up.**

**By signing below, I certify that I understand the importance of providing the Woodbridge Housing Authority with a phone number where I can be reached and also that I will be required to accept the unit offered immediately or I will be dropped from the waiting list.**

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
WHA Representative

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

|  |  |
|--|--|
| <b>Applicant Name:</b>   |  |
| <b>Mailing Address:</b>  |  |
| <b>Telephone No:</b>   | <b>Cell Phone No:</b>  |
| <b>Name of Additional Contact Person or Organization:</b>  |  |
| <b>Address:</b>  |  |
| <b>Telephone No:</b>   | <b>Cell Phone No:</b>  |
| <b>E-Mail Address (if applicable):</b>   |  |
| <b>Relationship to Applicant:</b>  |  |
| <b>Reason for Contact:</b> (Check all that apply)  |  |
| <input type="checkbox"/> Emergency   | <input type="checkbox"/> Assist with Recertification Process |
| <input type="checkbox"/> Unable to contact you   | <input type="checkbox"/> Change in lease terms               |
| <input type="checkbox"/> Termination of rental assistance  | <input type="checkbox"/> Change in house rules               |
| <input type="checkbox"/> Eviction from unit  | <input type="checkbox"/> Other: _____                        |
| <input type="checkbox"/> Late payment of rent  |  |
| <b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.   |  |
| <b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.  |  |
| <b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975. |  |

Check this box if you choose not to provide the contact information.

|  |  |
|--|--|
|  |  |
|--|--|

**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.