

PUBLIC NOTICE
JERSEY CITY HOUSING AUTHORITY
ACCEPTING APPLICATIONS FOR THE FOLLOWING HOUSING DEVELOPMENTS

SENIOR CITIZEN DEVELOPMENT: Efficiency, 1 and 2 Bedroom (**The Berry Gardens waiting list will continue to remain open until further notice.**)

Berry Gardens 199 Ocean Avenue

Berry Gardens 72-92 Danforth Avenue

Eligible applicants must be 62 years or older (spouse must be minimum 55 years old).

SENIOR CITIZEN/DISABLED DEVELOPMENT: 2 and 3 Bedroom Only

Curries Woods 3 New Heckman Drive

Eligible applicants must be at least 62 years old or disabled.

FAMILY DEVELOPMENTS

Marion Gardens 3, 4, 5* and 6* Bedroom Only *Please note household size may not exceed 10-12 Persons

Booker T. Washington 1, 2 and 4 Bedroom Only

All families must have yearly gross incomes that do not exceed the Income Limits established by the U.S Department of Housing and Urban Development (see below)

INCOME LIMITS

1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons	11 Persons	12 Persons
\$48,200	\$55,050	\$61,950	\$68,800	\$74,350	\$79,850	\$85,350	\$90,850	\$96,300	\$101,800	\$107,350	\$112,850

Application forms will be available at the following locations:

Berry Gardens Management Offices: 199 Ocean Ave, Jersey City, NJ (201)706-4747

Marion Gardens Management Office: 57 Dales Avenue, Jersey City, NJ (201)706-4780

Booker T. Washington Management Office: 200 Colden Street, Jersey City, NJ (201)706-4757

Curries Woods Management Office: 3 New Heckman Drive, Jersey City, NJ (201)706-4760

Applications will only be available for pick up on the following dates:

Saturday, November 25, 2017 9:00 am – 3:00 pm

Monday, November 27, 2017 through Friday, December 1, 2017 9:00 am – 4:00 pm

Elderly or disable applicants may request an application be mailed to them by calling the management office for the location they are interested in at the number listed above. For Hearing Impaired, dial “711”

Completed Applications must be postmarked no earlier than 12/4/2017 and no later than 12/11/17. Completed Applications **MUST be returned via US Mail and addressed exactly as follows: Jersey City Housing Authority, Attn: Applicant Selection Dept. (New Application), 400 U.S Highway #1, Jersey City, NJ 07306.**

Applications will be time and date stamped and placed on the waiting list by preference(s):

1. Victims of a Federally Declared Disaster;
2. Jersey City Resident/Working Family/Income Mixing;
3. Jersey City Resident/Victim Witness or Victim of Domestic Violence/Working Family;
4. Jersey City Resident/Victim Witness or Victim of Domestic Violence;
5. Jersey City Resident/Working Family/Veterans;
6. Jersey City Resident/Working Family;
7. Jersey City Resident/Veterans;
8. Jersey City Resident;
9. Other

“Working Family” is defined as: Head of Household or Spouse’s employment is principal source of income (Criteria is based on stable employment for at least the past six months with a minimum 20 hour work week), or; Head of Household or Spouse is 62 years or older, or; Head of Household or Spouse receives: Social Security Disability benefits, Supplemental Security Income (SSI) Disability benefits, or Temporary Unemployment benefits or other benefits based on inability to work, or; Head of Household or Spouse is currently in a self-sufficiency or job training program or meets equivalent standards of economic self-sufficiency.

“Jersey City Resident” is defined as living, working or hired to work in Jersey City.

The JCHA does not discriminate on the basis of race, religion, sex, national origin, familial status or disabilities in its programs or activities



SECTION II – SPOUSE CO-HEAD (PLEASE CHECK ONE)

10. Name: _____ S.S.#: _____ - _____ - _____
 Last First
 Birth date: _____/_____/_____ Place of Birth: _____ Sex: M ___ F
 Month day year
 Are you a U.S. Citizen? ___ Yes ___ No. If not, Alien Registration # _____

11. Source of Income (Check all that applies to spouse or co-head & monthly gross amount.)

Employed \$ _____ TANF \$ _____ Self-employed \$ _____ JCW \$ _____
 Unemployment \$ _____ S.S.I \$ _____ Social Security \$ _____ Other \$ _____
 Benefits
 Employed in Jersey City? ___ Yes ___ No. Total Hours worked per week: _____ hrs.
 Have you been employed for more than 6 months? ___ Yes ___ No
 Total Monthly Income: \$ _____. (Total should include all sources checked above.)

SECTION III – Family Data (Family members who will be living with you.)

12. List all other person(s) who will reside with applicant.

Member Name	Relationship	Sex M/F	Date of Birth	Place of Birth	S.S. #	Monthly Income

Please note that answering questions 13 and 14 is strictly voluntary. The Housing Authority requests that you answer these questions relating to the requirements of the Fair Housing and Equal Opportunity Regulations and Americans with Disabilities Law.

Select Race: ___ Black ___ White ___ Asian or Pacific Islander ___ American Indian

Select Ethnicity: ___ Hispanic ___ Non-Hispanic

13. Does the head of house or spouse have a disability? ___ Yes ___ No

Does the head of house or spouse:

- ___ Use a wheelchair.
- ___ Use a walker, cane or other medical device that assists walking or mobility.
- ___ Have a sight impairment or difficulty in seeing.
- ___ Have a hearing impairment or difficulty in hearing.

SECTION IV – CURRENT HOUSEHOLD DATA

15. Do any of the following apply to you? If so, check appropriate box.

- Victim Witness:** To avoid reprisals because of cooperation with Law enforcement agencies.
- Victim of Domestic Violence:** A person confronting actual or threatened physical violence by a spouse of other family member who lives in the same household. The above will require approved certification or other official legal documentation.
- Are you participating in the Work First Program or other self-sufficiency efforts?**

WARNING! SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE U.S. GOVERNMENT AS TO ANY MATTER WITHIN ITS JURISDICTION.

I, HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

Signature of Head of Household

Date

Signature of Spouse/Co-applicant

Date

Comments

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Optional and Supplemental 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.

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

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (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	
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: 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.	

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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.