



THE HOUSING AUTHORITY OF GLOUCESTER COUNTY

MAINSTREAM HOUSING CHOICE VOUCHER PROGRAM

CERTIFICATION OF PREFERENCE ELIGIBILITY

In order to be eligible for the Housing Authority of Gloucester County’s Mainstream Housing Choice Voucher Program an applicant must be:

A non-elderly person

Defined as a person 18 years of age or older and less than 62 years of age

With disabilities

Defined as a person who:

- (i) Has a disability, as defined in 42 U.S.C. 423;
- (ii) Is determined, pursuant to HUD Regulations, to have a physical or mental, or emotional impairment that: (A) Is expected to be of long-continued and definite duration; (B) Substantially impeded his or her ability to live independently, and (C) Is of such a nature that the ability to live independently could be improved by more suitable housing conditions; or
- (iii) Has a developmental disability as defined in 42 U.S.C. 6001.

Who is transitioning out of institutional or other segregated settings, at serious risk of institutionalization, homeless or at risk of becoming homeless.

To be Completed by Agency/Organization Verifying Eligibility:

I _____, certify that applicant, _____, is a non-elderly person with disabilities, as defined above, who is transitioning out of institutional or other segregated settings, at serious risk of institutionalization, homeless or at risk of becoming homeless. I certify that that I am employed by a third party agency/organization that serves individuals with disabilities, and that I have knowledge of the applicant’s eligibility.

Name: _____

Location of Organization: _____,

Telephone _____, email _____

Date: _____

To be completed by Applicant:

I wish to identify a representative to discuss and assistant with housing matters.

Yes ___ No ___ If yes, please complete the Representative Authorization Form attached





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REPRESENTATIVE AUTHORIZATION FORM REQUEST FOR CONSENT TO DISCUSS AND ASSIST ON BEHALF OF APPLICANT AND PARTICIPANTS

Head of Household Name: _____ Last 4 digits of SS#: _____

I authorize the following person or agency:

Name: _____
(if individual signing for the agency, any agency representative is authorized)

Relationship to Head of Household: _____ Phone: _____
Agency (if applicable): _____

Street Address: _____
City: _____ State: _____ Zip Code: _____

To (Head of Household must initial all that apply):

- Receive all correspondence from the Housing Authority (in addition to having it sent to me.) *I am responsible for notifying the Housing Authority in writing of changes to the Authorized Person's address.*
- Discuss any matters relating to me with Housing Authority staff. The Housing Authority is authorized to share any information they may have about me or my status in the Housing program with the Authorized Person.

State Reason for Request: _____

It is my responsibility to communicate with the Authorized Person or Agency about information submitted to or otherwise, shared with the Housing Authority on my behalf. I (the head of household) understand that this agreement does not release me from my responsibility to comply with all program requirements. Nothing in this agreement prevents me (the head of household) from acting on my own behalf. I understand that I may call the Housing Authority directly and respond directly to correspondence. This agreement will not expire unless I notify the Housing Authority in writing that I would like to cancel it. This agreement is not effective unless the Housing Authority approves it by signing below.

Head of Household's Signature

Date

Authorized Person

Date

Housing Authority Authorization

Date

