



**HOUSING AUTHORITY OF GLOUCESTER COUNTY
HOUSING AUTHORITY OF THE BOROUGH OF
GLASSBORO**



Administrative Office
100 Pop Moylan Blvd, Deptford, NJ 08096
PRE-APPLICATION FOR ADMISSION

NAME: _____ (HEAD OF HOUSEHOLD)

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER: _____

CURRENT ADDRESS: _____ APT NO. _____

CITY, STATE, ZIP CODE: _____

EMAIL: _____

HOME PHONE: _____ CELL PHONE: _____

EMERGENCY CONTACT: _____

Name	Number	Email address
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Please answer ALL questions and be sure to check at least one housing program on the back of the form to be placed on the applicable Waitlist(s).

Race of Head of Household: *(Information requested by the US Department of Housing & Urban Development for statistical purposes only)*

Asian
 American Indian/Alaska Native
 Black/African American
 Native Hawaiian/Other Pacific Islander
 White
 Other
 Declined to Report

Ethnicity of Head of Household:
 Hispanic
 Non-Hispanic
 Declined to Report

Are you a Veteran, a Veteran's surviving spouse or a family member of a Veteran, who is both the primary residential caregiver and is residing with them? Yes ___ No ___

If yes, did the Veteran receive a discharge other than dishonorable? Yes ___ No ___

Does the Head of Household, co-head, or spouse live or work, or been hired to work, within Gloucester County?

Yes ___ No ___ If yes, where: _____ Name of Employer and address _____

Is the Head of Household or any member, subject to a State Lifetime Sex Offender Registration Requirement in NJ or any other state? Yes ___ No ___ if yes, where: _____

Has any Household member been convicted of the manufacture or production of methamphetamine on the premises of federally assisted housing? Yes ___ No ___ if yes, where: _____

Total number of anticipated Household members (including applicant): _____

For ALL anticipated Household members:

Name	Date of Birth	Disabled Y/N	Relationship to Applicant (co-head, spouse, child, sibling, etc.)	Social Security No.

Total annual income \$ _____ **Total value of assets \$** _____



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The Housing Authority of Gloucester County (HAGC) will apply a local preference to registrants whose head, co-head, or spouse, at the time of registration, are residents of, working in, or are hired to work in HAGC's Jurisdiction, which includes: Clayton, Deptford Township, East Greenwich, Elk Township, Franklin Township, Glassboro, Greenwich Township, Harrison Township, Logan Township, Mantua Township, Monroe Township, National Park, Paulsboro, Swedesboro, Washington Township, West Deptford Township, Westville, Woodbury, Woodbury Heights, and Woolwich Township.

HAGC PROGRAMS: *Please check the Programs for which you would like to apply:*

CLOSED Section 8 Housing Choice Voucher – General Application

_____ **Section 8 - Mainstream Preference.** Age 18-61 disabled household member who are transitioning out of institutional or other segregated settings, at serious risk of institutionalization, homeless or at risk of becoming homeless. **Must attach a properly completed and signed Preference Certification Form available at www.hagc.org**

_____ **Section 8 - Veterans Preference.** Must be a Veteran, a Veteran's surviving spouse or a family member of a Veteran, who is both the primary residential caregiver and is residing with the Veteran. Veterans must have a discharge other than dishonorable. **Must attach a copy of DD214, NGB-22 or any other government issued record evidencing the type of discharge from service is other than dishonorable. Death and Marriage Certificates will be required from those applying as surviving spouse.**

CLOSED Section 8 - Lease in Place Preference. Must be a household renting in a non-relative owned, NSPIRE (National Standards for the Physical Inspection of Real Estate) compliant unit, located in a Participating Community who will lease in place into the Program. **Participants must remain in the unit for a minimum of one year and must attach a properly completed and signed Landlord Certification Form available at www.hagc.org**

CLOSED Section 8 – Moderate Housing Rehabilitation Program – Unit based Assistance. (1 and 2 bedrooms)

_____ **Public Housing** (Preference for age 62 or older OR age 50-61 and Disabled; 1 bedroom)
Is a Barrier Free Unit required? Yes _____ No _____

CLOSED Public Housing - Scattered Sites (2-,3-, and 4-bedroom houses)

_____ **Colonial Park Apartments** (must be age 62 or older, 1 bedroom)
Is a Barrier Free Unit required? Yes _____ No _____

_____ **Nancy J. Elkins Seniors Housing** (must be age 55 or older; and must have a minimum income of \$26,010 (income limit not applicable to Housing Choice Voucher holders); 1 bedroom) **Local Preference is expanded to all municipalities in Gloucester, Camden, and Burlington County.**
Is the applicant a current Housing Choice Voucher holder, or has other source of assistance?
Yes _____ No _____

_____ **Shepherd's Farm Affordable Senior Housing** (must be age 62 or older; 1 bedroom) **Local Preference is expanded to all municipalities in Gloucester county.**

_____ **Project Based Voucher at Camp Salute**, Clayton NJ-Veterans only (Must have a discharge other than dishonorable and **attach copy of DD214, NGB-22 or any other government issued record evidencing the type of discharge from service is other than dishonorable.**
I authorize the Housing Authority to share information contained within this application with Landlord, Camp Salute, for the purposes of securing and maintaining housing assistance. I understand I must complete a separate rental application and occupancy screening with Camp Salute. _____ (initials)

To apply for the Programs below, you **must** have the necessary referrals.

_____ **Home Funds- Tenant Based Rental Assistance**
Contact GCBSS at 856-582-9200

_____ **HUD-Veterans Affairs Supportive Housing**
Contact VAMC at 215-823-5800

APPLICANT CERTIFICATION: I certify that all information and answers to the questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application or assistance. I also understand that such action may result in criminal penalties. I consent to have HAGC verify the information contained in this pre-application for the purpose of proving my eligibility for occupancy. I will provide all necessary information and expedite this process in any way possible.

Signature _____

Date _____

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hot Line at (800) 669-9777 or TTY: 1-800-877-8339.



HOUSING AUTHORITY OF THE BOROUGH OF GLASSBORO

Administrative Office

100 Pop Moylan Blvd, Deptford, NJ 08096

The Housing Authority of the Borough of Glassboro (GHA) will apply a local to registrants whose head, co-head, or spouse, at the time of registration, are residents of, working in or are hired to work in **Glassboro**.

GHA PROGRAMS: Please check the Programs for which you would like to apply:

CLOSED Section 8 Housing Choice Voucher – General Application

CLOSED Rental Assistance Demonstration (RAD) Project-Based Voucher (PBV) – General Application. Delsea Manor, Whitney Gardens and Summit Park, Glassboro, NJ 08028. Efficiency, 1, and 2 bedrooms.

_____ **Rental Assistance Demonstration (RAD) Project-Based Voucher (PBV) - Age 62 or older OR age 50-61 and Disabled Preference.** Delsea Manor, Whitney Gardens and Summit Park, Glassboro, NJ 08028. Efficiency, 1, and 2 bedrooms.

Village at Harmony Garden - 400 Roland Avenue, Glassboro, NJ 08028

CLOSED RAD-PBV or PBV (Head of Household, co-head or spouse must be age 55 or older; 1 and 2 bedrooms)
I authorize the Housing Authority to share information contained within this application with Landlord, Harmony Garden, and its affiliate PennReach, for the purposes of securing and maintaining housing assistance. I understand I must complete a separate rental application with Pennrose. _____(Initials)

_____ **PBV – Special Needs** (Household member must be disabled and must provide referral from PennReach; 1 and 2 bedrooms) Please contact Krystal Odell at kodell@pennreach.org (732) 963-4523 for more information.
I authorize the Housing Authority to share information contained within this application with Landlord, Harmony Garden, and its affiliate PennReach, for the purposes of securing and maintaining housing assistance. I understand I must complete a separate rental application with Pennrose. _____(Initials)

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