



HOUSING AUTHORITY OF GLOUCESTER COUNTY  
AND  
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: \_\_\_\_\_

IF HOMELESS, PREVIOUS ADDRESS: \_\_\_\_\_

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



# HOUSING AUTHORITY OF GLOUCESTER COUNTY

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The Housing Authority of Gloucester County (HAGC) will apply a 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 email a properly completed and signed Mainstream Preference Certification Form within 10 days of application to [mainstreampreference@hagc.org](mailto:mainstreampreference@hagc.org). Form available at [www.hagc.org](http://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 email a copy of DD214, NGB-22 or any other government issued record evidencing the type of discharge from service is other than dishonorable within 10 days of application to [veteranpreference@hagc.org](mailto:veteranpreference@hagc.org). Death and Marriage Certificates will be required from those applying as surviving spouse. Form available at [www.hagc.org](http://www.hagc.org).**

\_\_\_\_\_ **Section 8 - Lease in Place Preference.** Must be a household renting in a non-relative owned, HQS/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 email a properly completed and signed Lease In Place Certification Form within 10 days of application to [lippreference@hagc.org](mailto:lippreference@hagc.org). Form available at [www.hagc.org](http://www.hagc.org).**

\_\_\_\_\_ **Section 8 - Homeless Preference.** Must be an individual or family who is currently homeless or at imminent risk of becoming homeless, as determined by the GC Board of Social Services. **Must email a properly completed and signed Homeless Preference Certification Form within 10 days of application to [homelesspreference@hagc.org](mailto:homelesspreference@hagc.org). Form available at [www.hagc.org](http://www.hagc.org).**

**CLOSED Section 8 – Special Needs Preference.** Must be a current participant, or a former graduate, of the Rowan College of South Jersey (RCSJ) Adult Center for Transition (ACT) or Schools for Neurodiversity at Gloucester County Special Services School District. **Must email a properly completed and signed Special Needs Preference Certification Form within 10 days of application to [specialneedspreference@hagc.org](mailto:specialneedspreference@hagc.org). Form available at [www.hagc.org](http://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, Feature Requested \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_ **Nancy J. Elkins Seniors Housing** (must be age 55 or older; and must have a minimum income of \$26,610 (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** Veterans only that have a discharge other than dishonorable. **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)*



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## APPLY ONLINE

**Project Based Voucher (PBV) - Residence at South College Drive, Sewell NJ.** For eligibility, applicants must be able to reside independently, be over the age of 18 years, and have a disability that is eligible for special education services under IDEA in accordance with Sections 300.304 through 300.11. **Applications will only be accepted online at [www.hagc.org](http://www.hagc.org), under the apply for housing tab. A referral from RCSJ's Special Services Department evidencing the above eligibility requirements is required and must be provided to [RCSJActreferral@hagc.org](mailto:RCSJActreferral@hagc.org) within 10 days of an online application submission for the online application to be deemed complete. Please contact [RSCD@rcsj.com](mailto:RSCD@rcsj.com) for more information.**

*I authorize the Housing Authority to share information contained within this application with Landlord, GCHDC for the purpose of securing and maintaining housing assistance. I understand I must complete a separate rental application and occupancy screening with GCHDC. \_\_\_\_\_(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](mailto: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)*

**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 GLOUCESTER COUNTY

## AUTHORIZATION FOR RELEASE OF INFORMATION



### ☒ CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to the Housing Authority of Gloucester County (HAGC), any information or materials needed to: (1) complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Moderate Rehabilitation, Low-income Public Housing, and/or other housing assistance programs administered or managed by HAGC; and (2) review requests for reasonable accommodations in accordance with Federal and State laws. I understand and agree that this authorization and any information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies and participating owners in such programs.

### ☐ INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding members of my household may be required. Verifications and inquiries that may be requested include but are not limited to:

- Identity and Marital Status
- Medical or Child Care Allowances
- Immigration Status
- Credit and Criminal Activity
- Employment, Income, and Assets
- Residences and Rental Activity
- Household Composition
- Reasonable Accommodation Requests

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and/or continued participation in a housing program, or a request for a reasonable accommodation.

### ☐ GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program/legal requirements) include, but are not limited to:

- State Unemployment/Disability
- Welfare Agencies
- Social Security Administration
- Previous Landlords
- Schools and Colleges
- Retirement/Pension Systems
- Support & Alimony Providers
- Utility Companies
- Law Enforcement
- Previous Public and Affordable Housing
- Credit Providers & Credit Bureaus
- Courts and Post Offices
- Past and Present Employers
- Veterans Administration
- Internal Revenue Service
- Insurance Companies
- Medical Providers
- Banks & Other Financial Institutions
- Short- or Long-Term Disability Office
- DRU SJODIN National Sex Offender Registry
- Child Care Providers

### ☐ COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or HAGC may conduct computer-matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. HUD or HAGC may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including, but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Administration; and the State Welfare and food stamp agencies.

### CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization shall stay in effect for fifteen (15) months from the date signed.

### SIGNATURES

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

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
Adult Member

\_\_\_\_\_  
Adult Member

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



# Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

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

**PHA or IHA requesting release of information** (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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

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

Public Housing  
Housing Choice 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.

**Revocation of consent:** If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

## Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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(l)(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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

**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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

**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 Advisory.** 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

**OMB Burden Statement.** The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.