



**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: \_\_\_\_\_

<b>Name</b>	<b>Number</b>	<b>Email address</b>
-------------	---------------	----------------------

**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: \_\_\_\_\_

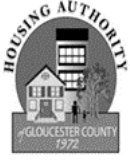
**Has any Household member been convicted of the manufacture or production of methamphetamine on the premises of federally assisted housing?** Yes \_\_\_ No \_\_\_ if yes, where: \_\_\_\_\_

**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 household annual income \$** \_\_\_\_\_ **Total household value of assets \$** \_\_\_\_\_



# HOUSING AUTHORITY OF GLOUCESTER COUNTY

Administrative Office

100 Pop Moylan Blvd, Deptford, NJ 08096

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](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 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, 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 attach a properly completed and signed Landlord Certification 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 \_\_\_\_\_ 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** \_\_\_\_\_



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

### 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 (HUD)  
and the Housing Agency/Authority (HA)

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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2017

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

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.