



# THE HOUSING AUTHORITY OF GLOUCESTER COUNTY

## HOUSING CHOICE VOUCHER PROGRAM

### LEASE IN PLACE PREFERENCE CERTIFICATION FORM

To be eligible for the Housing Authority of Gloucester County's Lease In Place Preference for the Housing Choice Voucher Program, an applicant must:

- Be a tenant in good standing, renting a non-relative owned, HQS/NSPIRE (National Standards for the Physical Inspection of Real Estate) compliant unit, located in HAGC's Operating Jurisdiction.
- Commit to remain in the unit for at least one (1) year upon lease execution.

Head of Household Name: \_\_\_\_\_ Last 4 digits of SS#: \_\_\_\_\_

I (the head of household) understand that this preference requires complying with all Program requirements noted above. I understand that if my circumstances change or I am not able to lease the unit noted below for any reason, the preference will be voided, and I will no longer be eligible for this Program.

\_\_\_\_\_  
Head of Household's Signature

\_\_\_\_\_  
Date

#### **To be Completed by the current Landlord Certifying Eligibility:**

I, \_\_\_\_\_, certify that the applicant, \_\_\_\_\_, is currently a tenant in good standing, renting a non-relative owned, HQS/NSPIRE (National Standards for the Physical Inspection of Real Estate) compliant unit, owned and/or managed by me, or the organization which I represent. The unit address is \_\_\_\_\_. I will execute a 1-year Lease In Place lease with the applicant and sign the HAP Contract upon issuance of a Housing Choice Voucher and successful unit inspection.

Landlord Name/ Organization: \_\_\_\_\_

Landlord's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

