



THE HOUSING AUTHORITY OF GLOUCESTER COUNTY

HOUSING CHOICE VOUCHER PROGRAM

MAINSTREAM PREFERENCE CERTIFICATION FORM

To be eligible for the Housing Authority of Gloucester County's Mainstream Housing Choice Voucher Preference an applicant must be:

A non-elderly person (Verification will occur at the time of the Housing Authority eligibility appointment)

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

With disabilities (Verification will occur at the time of the Housing Authority eligibility appointment)

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.

Organization Name: _____

Location: _____,

Telephone: _____ Email: _____

Signature: _____ Date: _____

