

PUBLIC NOTICE
PASSAIC COUNTY PUBLIC HOUSING AGENCY
OPENING OF HOUSING CHOICE VOUCHER (SECTION 8) WAITING LIST

The Board of Chosen Freeholders of Passaic County hereby announces that applications will be accepted for the Housing Choice Voucher (Section 8) Waiting List. **Only applications for residents living and/or working in our service area will be accepted.*** Applications will be available at the following locations starting July 29, 2014 :

Borough of Bloomingdale, 101 Hamburg Turnpike, Bloomingdale, NJ 07403
Passaic County Clerk's Office, 1237 Ringwood Avenue, Wanaque, NJ 07465
Borough of Haledon, 510 Belmont Avenue, Haledon, NJ 07508
Borough of Hawthorne, 445 Lafayette Avenue, Hawthorne, NJ 07506
Township of Little Falls, 225 Main Street, Little Falls, NJ 07424
Borough of North Haledon, 103 Overlook Avenue, North Haledon, NJ 07508
Borough of Pompton Lakes, 25 Lenox Avenue, Pompton Lakes, NJ 07442
Borough of Prospect Park, 106 Brown Avenue, Prospect Park, NJ 07508
Borough of Ringwood, 60 Margaret King Avenue, Ringwood, NJ 07456
Borough of Totowa, 537 Totowa Road, Totowa, NJ 07512
Borough of Wanaque, 579 Ringwood Avenue, Wanaque, NJ 07465
Township of Wayne, 475 Valley Road, Wayne, NJ 07470
Township of West Milford, 1480 Union Valley Road, West Milford, NJ 07480
Borough of Woodland Park, 5 Brophy Lane, Woodland Park, NJ 07424
Senior, Disability Services/Veterans Affairs Office, 930 Riverview Drive Suite 200, Totowa NJ
Preakness Healthcare Center, 305 Oldham Road, Wayne, NJ 07470

Applications can be printed from our website at: www.passaiccountynj.org/housing-section-8

All applications must be mailed. Applications postmarked after August 5, 2014 will NOT be accepted as the Waiting List will be closed after that date until further notice. Only one application per envelope. NO APPLICATIONS WILL BE ACCEPTED AT THE HOUSING AGENCY.

Applications should be mailed to:

Passaic County Public Housing Agency
100 Hamilton Plaza, Suite 510
Paterson, NJ 07505

Eligibility requirements are as follows: Applicants must be 18 years of age.
 Applicant must be a U.S. Citizen or other eligible non-citizen.
 Must be income eligible.

Household Size	Maximum Annual Income
1	\$47,750
2	\$52,300
3	\$58,850
4	\$65,350
5	\$70,600
6	\$75,850

Applications are placed on the Waiting List in chronological order of the date and time they are received. Preference in tenant selection will be given to applicants who are residents of the Agency's service jurisdiction. Veterans who live in the Agency's service jurisdiction will be given an additional preference. Applicants who work in the service jurisdiction will be considered as a resident. *The Agency's service jurisdiction includes: Bloomingdale, Haledon, Haskell, Hawthorne, Little Falls, North Haledon, Pompton Lakes, Prospect Park, Ringwood, Totowa, Wanaque, Wayne, West Milford and Woodland Park. (Note: Clifton, Passaic and Paterson are not part of our service jurisdiction).

We will notify you by mail if you qualify for placement on the Waiting List. If you do not qualify, or if your application is incomplete, your application will be rejected and you will not receive the qualification notice.



PASSAIC COUNTY PUBLIC HOUSING AGENCY

100 Hamilton Plaza, Ste. 510

973-881-4369



PRELIMINARY APPLICATION

APLICACION PRELIMINARIA

Please complete all sections of your application or it will be considered incomplete.

Por favor completa todas las secciones o su aplicación será considerada incompleta.

PLEASE PRINT / POR FAVOR USE LETRA DE MOLDE

APPLICANT NAME/NOMBRE DEL APLICANTE (FIRST/PRIMER)		(MIDDLE/SEGUNDO)		(LAST/APELLIDO)	
SOCIAL SEC# /#SEG SOCIAL		TELEPHONE/TELEFONO		(WORK/TRABAJO) (HOME/CASA)	
HOME ADDRESS/DIRECCION DE SU RESIDENCIA					
CITY/STATE (CIUDAD/ESTADO)				ZIP CODE (CODIGO POSTAL)	
MAILING ADDRESS / DIRECCION DE ENVIO		CITY/STATE (CIUDAD/ESTADO)		ZIP CODE (CODIGO POSTAL)	
Full name of each person who will live in dwelling unit (use other side, if necessary) / Nombre completo de cada persona que vivira en la unidad de vivienda (use otro lado si necesario)		Relationship to Head of Household	Age Edad	Social Security # # Seguro Social	Date of Birth Fecha de Nacimiento
		Head of Household/ Cabezal de Hogar			
INDICATE ALL INCOME AND ASSET SOURCES FOR EACH MEMBER OF HOUSEHOLD INDIQUE TODO INGRESO Y BIENES DE CADA MIEMBRO DEL HOGAR			COMPLETE FOR STATISTICAL PURPOSES ONLY:		
Source of Monthly Income Current Gross Income Fuente de Ingreso mensual Ingreso Vigente		Source of Monthly Income Current Gross Income Fuente de Ingreso mensual Ingreso Vigente		MINORITY CODE (Check one)	RACIAL INFORMATION: (Check one)
Wages / Salario \$		TANF (AFDC) \$		1. White	1. African Am/Black
Soc. Sec/Seg Soc. \$		Other / Otro \$		2. Black	2. Hispanic/Latino
SSI \$		Total Gross Monthly Income (Ingreso Total) \$		3. American Indian or Alaskan Native	3. American Indian or Alaskan Native
Assets: (Stocks, Bonds, Savings, CD, Money Market etc.) Bienes: (Acciones, Bonos, Ahorros, CD, Bolsa del Mercado etc.)				4. Asian or Pacific Islander	4. Native Hawaiian/Pacific Islander
				5. Non Hispanic / No Hispano	5. White/Caucasian
				Present Housing Cost / Costo actual de Vivienda	
				\$	
				Monthly Rent /Alquiler Mensual # Bedrooms / # de dormitorios	
				Landlord's Name & Address / Nombre y dirección del Dueño	
Have you or any member of your household ever been convicted of manufacturing or distributing Methamphetamine? Ha sido UD o algún miembro de su familia convicto por manufacturar o distribuir Metamfetamina?				NO	YES/ SI
Have you or any member of your household ever been convicted of a criminal activity? Ha sido UD. o algún miembro de su hogar convicto de actividad criminal?				NO	YES/ SI
Have you ever lived in Public Housing or received Section 8 Rental Assistance? Ha Ud. vivido en caserío publico o ha recibido Asistencia de Sección 8?				NO	YES/SI
If yes, have you ever been evicted from Public Housing or terminated from Section 8 Rental? Si lo ha hecho, ha sido alguna ves desalojado de caserío publico o eliminación de la sección 8?				NO	YES/SI
THE FOLLOWING INFORMATION IS NEEDED TO DETERMINE YOUR ELIGHILITY FOR A SELECTION PREFERENCE AND FOR PLACEMENT ON THE WAITING LIST. LA SIQUIENTE INFORMACION ES NECESARIA PARA DETERMINAR SU ELIGIBILIDAD PARA PREFERENCIA EN SELECCIÓN A PARA POCISION EN LA LISTA DE ESPERA.					
VETERAN - Is the head of household or spouse a veteran? VETERANO - Es el/la gerente de hogar o su pareja veterano?				NO	YES/SI
Are you or your spouse working? Esta UD o su pareja trabajando? If yes, give date employment began/Si?, fecha de comienzo de empleo ?				NO	YES/SI
Place of Employment/ Lugar De Empleo?					
Address (street and town) of Employment Direccion (calle y ciudad) de empleo					

***WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE U.S. AS TO ANY MATTER WITHIN ITS JURISDICTION. I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.....

***AVISO: SECCION 1001 DEL TITULO 18 DEL CODIGO DE LOS EE.UU. HACE UNA OFENSA CRIMINAL HACER DECLARACIONES FALSA INTENCIONALES O MALREPRESENTACIONES A CUALQUIER DEPARTAMENTO O AGENCIA DE LOS EE.UU. A CUALQUIER HECHO DENTRO DE SU JURISDICACION. YO CERTIFICO QUE TODA LA INFORMACION ES VERIDICA A MI CONOCIMIENTO.

X
SIGNATURE OF HEAD OF HOUSEHOLD / FIRMA DE GERENTE DE HOGAR

DATE / FECHA