



WARREN COUNTY HOUSING PROGRAMS

337 WATER STREET | BELVIDERE, NEW JERSEY 07823 (908) 475-3989 | FAX (908) 475-8637

Dear Applicant,

As per your request, enclosed is an application for Section 8 Housing Assistance Payments Program. **All completed applications must be sent to our office by Mail at the above address or by E-Mail to waitlist@warrenhousing.com.** We are unable to accept e-mailed applications that are illegible due to poor image quality – if you do not have access to a scanner, you must submit your application by mail.

The program is available to assist in paying part of the rent for tenants who have annual incomes that do not exceed the below maximum income guidelines for their family size:

<u>Family Size</u>	<u>Maximum Income</u>
1	\$40,400
2	\$46,200
3	\$51,950
4	\$57,700
5	\$62,350
6	\$66,950

When we receive your completed application it will be placed on the programs waiting list if we make a preliminary determination that you are eligible for assistance based on the information you submit. You will be notified by letter of our determination of your eligibility. If it is determined that you are not eligible for the program you will be informed of the reason.

When an opening for assistance becomes available under the program we are required to select eligible applicants from the programs waiting list in accordance with the rules and regulations of the program. Generally this means that applicants are selected based on the date that their applications are received, after the consideration of any preferences which the applicant is eligible to receive. This means that in some cases certain applicants may be selected for assistance before other applicants who applied for the program at an earlier date.



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SPECIAL ACCOMODATIONS AVAILABLE, PLEASE CALL (908) 475-3989

The Program places an application on the waiting list based on the following preferences:

<u>Number</u>	<u>Preference</u>
1	Elderly/Disabled
2	Resident
3	Working
4	Domestic Violence/Homeless
5	Income Target

The definitions that apply to these preferences are as follows:

1. **Elderly/Disabled**- A family whose head or spouse or whose sole member is at least 62 years of age. A family where the head or spouse meets any of the criteria for a disabled person. (A person who has a disability as defined in section 223 of Social Security Act. (42U.S.C.423). The law defines “disability” as the inability to engage in any substantial gainful activity by reason of any medically determined physical or mental impairment(s) which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months.
2. **Resident**- A person or family whose residence or job location prior to program placement and after program placement is within Warren County. The legal residence of the household is determined in accordance with state and local law. (Other than the Town of Phillipsburg which has its own Public Housing Agency and Authority.
3. **Working**- Families who are graduates or active participants in educational and training programs designed to prepare persons for the job market. Families with at least one adult who is employed. This preference is extended equally to elderly families’ whose head or spouse is receiving income based on their inability to work.
4. **Domestic Violence Victim/Homeless**- The household has documented actual or threatened physical violence directed against the applicant or the applicant’s family by a spouse or other household member who lives in the unit with the family. To qualify for this preference, the abuser must still reside in the unit of which the victim was displaced. The applicant must certify that the abuser will not reside with the applicant unless the housing agency gives prior written approval. A homeless family is one lacking a fixed, regular, and adequate nighttime residence and having a primary nighttime residence that is a supervised public or private shelter providing temporary accommodations or an institution providing

temporary residence for individuals intended to be institutionalized or a public or private place not ordinarily used as sleeping accommodations for human beings.

5. **Income Target**- Applicant meets very low-income eligibility requirements as established by HUD. Income schedules are revised annually by HUD and are as follows:

<u>Family Size</u>	<u>Target Income</u>
1	\$24,250
2	\$27,700
3	\$31,150
4	\$34,600
5	\$37,400
6	\$40,150

Due to the above selection requirements, it is not possible for our office to estimate the amount of time that it will take for the program to assist you. In addition, applicants are only selected from the programs waiting list when an opening occurs in our current funding as a result of someone leaving the program or when new funding is received to assist additional tenants. For these reasons we cannot give you a time estimate or guarantee that your position on the waiting list will not change as a result of additional applications being received with more preferences. You will be notified by mail when we are able to assist you. We regret that we are unable to be more specific in regards to the above time frame.

If you have any questions, please feel free to contact our office.

Sincerely,

Warren County Housing Program



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E-Mail Address Collection Form

Please complete and return to:

Warren County Housing Programs
337 Water Street
Belvidere, New Jersey 07823

If you are comfortable using e-mail, please provide your e-mail address so that we can better communicate with you. You will continue to receive notices and documents from us by mail, unless you opt to receive such documents by e-mail only at a later date. This is optional.

Name: _____

E-Mail Address: _____

By signing below, you state that you understand the following:

1. You are authorizing the Warren County Housing Programs to contact you via the e-mail address you have provided above.
2. You will continue to receive mail from our office unless you choose to receive certain correspondence via e-mail only at a later date.
3. You remain responsible to update your mailing address with our office whenever it changes.
4. Replies to e-mail sent to you by our office should not contain sensitive personal information. We will arrange for such information to be exchanged securely if necessary.
5. You are responsible for updating your e-mail address with our office whenever it changes.

Name (Print): _____

Signature: _____

Date: _____



EQUAL OPPORTUNITY
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DATE: _____

WARREN COUNTY HOUSING PROGRAMS | 337 WATER STREET, BELVIDERE, NJ 07823
APPLICATION FOR SECTION 8 HOUSING ASSISTANCE PAYMENTS PROGRAM

APPLICANT NAME: _____

CURRENT ADDRESS: _____ APT. NO. _____

CITY, STATE, ZIP: _____

HOME TELE#: _____ HEAD OF HOUSEHOLD
WORK TELE# _____

PREVIOUS ADDRESS: _____

COUNTY: _____

LIST NAMES, ADDRESS AND PHONE NUMBERS OF TWO RELATIVES OR FRIENDS WHO
GENERALLY KNOW HOW TO CONTACT YOU:

1. NAME: _____ ADDRESS: _____

PHONE#: _____

2. NAME: _____ ADDRESS: _____

PHONE#: _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

LIST THE HEAD OF HOUSEHOLD AND ALL OTHER MEMBERS WHO WILL BE LIVING IN THE
ASSISTED UNIT. GIVE THE RELATIONSHIP OF EACH FAMILY MEMBER TO THE HEAD OF
HOUSEHOLD.

<u>MEMBER#</u>	<u>MEMBERS</u>	<u>BIRTH</u>	<u>BIRTH</u>	<u>SOCIAL</u>			
	<u>FULL NAME</u>	<u>RELATION.</u>	<u>DATE</u>	<u>PLACE</u>	<u>AGE</u>	<u>SEX</u>	<u>SECURITY#</u>

RACE OF HEAD OF HOUSEHOLD:

_____ WHITE _____ BLACK _____ AMERICAN INDIAN/ALASKAN NATIVE

_____ ASIAN/PACIFIC ISLANDER

ETHNICITY OF HEAD OF HOUSEHOLD: _____ HISPANIC _____ NON-HISPANIC

DOES ANYONE LIVE WITH YOU NOW WHO IS NOT LISTED ABOVE? _____ YES _____ NO

IF YES, PLEASE EXPLAIN: _____

DO YOU PLAN TO HAVE ANYONE LIVING WITH YOU IN THE FUTURE WHO IS NOT LISTED ABOVE?

_____ YES _____ NO IF YES, PLEASE EXPLAIN _____

IS HEAD OF HOUSEHOLD OR SPOUSE HANDICAPPED OR DISABLED? _____ YES _____ NO

IF YES, PLEASE EXPLAIN _____

CURRENT HOUSING STATUS

HOW MANY PEOPLE ARE LIVING IN YOUR UNIT NOW? _____

HOW MANY BEDROOMS DO YOU HAVE? _____

DO YOU WISH TO MOVE? _____ YES _____ NO

IF YES, PLEASE EXPLAIN _____

WHAT IS YOUR CURRENT RENT? \$ _____

WHAT UTILITIES DO YOU PAY? _____

ARE YOU NOW LIVING IN A GOVERNMENT-SUBSIDIZED UNIT? (EX. - PUBLIC HOUSING, SECTION 8, SECTION 236, OR SECTION 221 (d) (3) SUBSIDIZED PROJECT) _____ YES _____ NO

HAVE YOU EVER BEEN ARRESTED FOR ILLEGAL USE OF A CONTROLLED SUBSTANCE OR ACTIVITIES RELATED TO AN ABUSE OF ALCOHOL? _____ YES _____ NO

HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD EVER BEEN CONVICTED OF A CRIMINAL ACTIVITY OTHER THAN A TRAFFICE VIOLATION? _____ YES _____ NO
(IF YES, YOU MUST EXPLAIN):

IF YES, ENTER THE DATE(S) OF OCCUPANCY? _____

CURRENT LANDLORD: _____ PHONE NO. _____

LANDLORD'S ADDRESS _____

PREVIOUS LANDLORD: _____ PHONE NO. _____

LANDLORD'S ADDRESS _____

ARE YOU INTERESTED IN RECEIVING SECTION 8 ASSISTANCE WHERE YOU NOW LIVE?

_____ YES _____ NO

ASSETS INFORMATION

LIST ALL CHECKING AND SAVINGS ACCOUNTS (INCLUDING IRA'S, KEOGH ACCOUNTS, AND CERTIFICATES (OF DEPOSIT) OF ALL HOUSEHOLD MEMBERS, INCLUDING AMOUNTS DISPOSED OF DURING THE PAST TWO YEARS.

FAMILY MEMBER BANK NAME ACCOUNT NUMBER CURRENT BALANCE

LIST VALUE OF ALL STOCKS, BONDS, TRUSTS, PENSION CONTRIBUTIONS, OR OTHER

ASSETS: _____

DO YOU OWN A HOME OR OTHER REAL ESTATE? _____ YES _____ NO

HAVE YOU SOLD OR GIVEN AWAY REAL PROPERTY OR OTHER ASSETS IN THE PAST TWO YEARS?

_____ YES _____ NO

IF YES, WHAT WAS THE MARKET VALUE OF THE ASSET? \$ _____

WHAT AMOUNT DID YOU RECEIVE \$ _____

EXPENSES

DO YOU PAY FOR CHILD CARE WHICH ENABLES YOU OR ANOTHER FAMILY MEMBER TO WORK OR GO TO SCHOOL? _____ YES _____ NO

IF YES, GIVE THE NAME AND ADDRESS OF CHILDCARE PROVIDER, WEEKLY COSTS, AND NAME OF FAMILY MEMBER ENABLED TO WORK?

FAMILIES WITH DISABLED MEMBERS:

DO YOU PAY FOR A CARE ATTENDANT OR FOR ANY EQUIPMENT FOR THE HANDICAPPED MEMBER (S) OF THE FAMILY NECESSARY TO PERMIT THAT PERSON OR SOMEONE ELSE IN THE FAMILY TO WORK?

_____ YES _____ NO IF YES, DESCRIBE EXPENSES: _____

ELDERLY FAMILIES ONLY:

DO YOU HAVE MEDICARE? _____ YES _____ NO

IF YES, WHAT IS YOUR MEDICARE PREMIUM? \$ _____

DO YOU HAVE ANY OTHER KIND OF MEDICAL INSURANCE? _____ YES _____ NO

IF YES, GIVE POLICY NUMBER, AGENT'S NAME AND PREMIUM AMOUNT: _____

	<u>YES</u>	<u>NO</u>
DO YOU RECEIVE MEDICAL ASSISTANCE THROUGH THE WELFARE DEPARTMENT?	___	___
DO YOU HAVE ANY OUTSTANDING MEDICAL BILLS ON WHICH YOU ARE PAYING?	___	___
DO YOU EXPECT TO HAVE ANY MEDICAL EXPENSES DURING THE NEXT TWELVE MONTHS?	___	___

INCOME INFORMATION

PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS. FOR EACH ANSWER, PROVIDE THE DETAILS IN THE CHART BELOW:

	<u>YES</u>	<u>NO</u>
1. IS ANY MEMBER OF YOUR HOUSEHOLD EMPLOYED FULL TIME, PART TIME OR SEASONALLY?	___	___
2. DOES ANY MEMBER OF YOUR HOUSEHOLD EXPECT TO WORK FOR ANY PERIOD DURING THE NEXT TWELVE MONTHS?	___	___
3. DOES ANY MEMBER OF YOUR HOUSEHOLD WORK FOR SOMEONE WHO PAYS THEM IN CASH?	___	___
4. IS ANY MEMBER OF YOUR HOUSEHOLD ON LEAVE OF ABSENCE FROM WORK DUE TO LAY-OFF, MEDICAL, MATERNITY OR MILITARY LEAVE?	___	___
5. DOES ANY MEMBER OF YOUR HOUSEHOLD NOW RECEIVE, OR EXPECT TO RECEIVE UNEMPLOYMENT BENEFITS?	___	___
6. DOES ANY MEMBER OF YOUR HOUSEHOLD RECEIVE OR EXPECT TO RECEIVE CHILD SUPPORT?	___	___

7. IS ANY MEMBER OF YOUR HOUSEHOLD ENTITLED TO CHILD SUPPORT THAT HE/SHE IS NOT NOW RECEIVING? ___ ___
8. DOES ANY MEMBER OF YOUR HOUSEHOLD NOW RECEIVE OR EXPECT TO RECEIVE ALIMONY PAYMENTS? ___ ___
9. IS ANY MEMBER OF YOUR HOUSEHOLD ENTITLED TO ALIMONY PAYMENTS THAT HE/SHE IS NOT NOW RECEIVING? ___ ___
10. DOES ANY MEMBER OF YOUR HOUSEHOLD RECEIVE OR EXPECT TO RECEIVE WELFARE ASSISTANCE? ___ ___
11. DOES ANY MEMBER OF YOUR FAMILY RECEIVE OR EXPECT TO RECEIVE SOCIAL SECURITY BENEFITS? ___ ___
12. DOES ANY MEMBER OF YOUR HOUSEHOLD RECEIVE OR EXPECT TO RECEIVE INCOME FROM A PENSION OR ANNUITY? ___ ___
13. DOES ANY MEMBER OF YOUR HOUSEHOLD RECEIVE REGULAR CASH CONTRIBUTIONS FOR INDIVIDUALS NOT LIVING IN THE UNIT OR FROM AGENCIES? ___ ___
14. DOES ANY MEMBER OF YOUR HOUSEHOLD RECEIVE INCOME FROM ASSETS INCLUDING INTEREST ON CHECKING OR SAVINGS ACCOUNTS, INTEREST, AND DIVIDENDS FROM CERTIFICATES OF DEPOSIT, STOCK OR BONDS, INCOME FROM THE RENTAL OF PROPERTY? ___ ___
15. DOES ANY MEMBER OF YOUR HOUSEHOLD RECEIVE OR EXPECT TO RECEIVE AN EARNED INCOME TAX CREDIT? ___ ___

FOR EACH TYPE OF INCOME THAT YOUR HOUSEHOLD RECEIVES, GIVE THE SOURCE OF THE INCOME AND THE AMOUNT OF INCOME THAT CAN BE EXPECTED FORM THE SOURCE DURING THE NEXT 12 MONTHS.

PREFERENCES REQUESTED BY APPLICANT

(VERIFICATIONS MUST BE ATTACHED FOR EACH PREFERENCE REQUESTED)

HEAD OF HOUSEHOLD OR SPOUSE IS:

1. ELDERLY OR DISABLED YES NO
2. CURRENTLY RESIDING OR WORKING IN WARREN COUNTY YES NO
(Other than the town of Phillipsburg)

3. **WORKING, OR A GRADUATE OR PARTICIPANT IN AN EDUCATIONAL OR TRAINING PROGRAM** _____ YES _____ NO
4. **DOMESTIC VIOLENCE VICTIM OR HOMELESS** _____ YES _____ NO
5. **UNDER INCOME TARGET** _____ YES _____ NO

APPLICANT CERTIFICATION

I/WE CERTIFY THAT IF SELECTED TO RECEIVE ASSISTANCE, THE UNIT I/WE OCCUPY WILL BE MY/OUR ONLY RESIDENCE. I/WE UNDERSTAND THAT THE ABOVE INFORMATION IS BEING COLLECTED TO DETERMINE MY/OUR ELIGIBILITY FOR SECTION 8 ASSISTANCE. I/WE AUTHORIZE THE PROGRAM TO VERIFY ALLY INFORMATION PROVIDED ON THIS APPLICATION AND TO CONTACT PREVIOUS OR CURRENT LANDLORDS OR OTHER SOURCES FOR CREDIT AND VERIFICATION INFORMATION WHICH MAY BE RELEASED TO APPROPRIATE FEDERAL, STATE OR LOCAL AGENCIES. I/WE CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. I/WE UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE UNDER FEDERAL LAW.

SIGNATURE OF HEAD OF HOUSEHOLD _____ DATE: _____

SIGNATURE OF SPOUSE _____ DATE: _____

FOR PROGRAM USE ONLY

DATE RECEIVED: _____

REVIEWED BY: _____

ELIGIBLE: _____

LETTER SENT: _____

NOT ELIGIBLE: _____

LETTER SENT: _____

REASON NOT ELIGIBLE: _____

RETURN TO:

**WARREN COUNTY HOUSING PROGRAMS
337 WATER STREET
BELVIDERE, NJ 07823**

PHONE: (908) 475-3989

FAX: (908) 475-8637

E-MAIL: WAITLIST@WARRENHOUSING.COM