



Jersey City

Housing Authority

Building Communities...Creating Opportunities...Transforming Lives

Return Form via email to applicantselection@jcha.us or mail to
APPLICANT SELECTION DEPARTMENT
JERSEY CITY HOUSING AUTHORITY
400 U.S. HWY #1 (MARION GARDENS)
JERSEY CITY, NJ 07306

PUBLIC HOUSING UPDATE FORM

Applicant email address: _____

DATE: _____

SECTION I – APPLICANT HEAD OF HOUSEHOLD DATA (TYPE OR PRINT CLEARLY)

Phone#: _____

1. Name: _____ **2. S.S#:** _____ - _____ - _____
Last First

3. Physical Address: _____
Street Apt.# City State Zip

4. Mailing Address: (If Applicable) _____
Street Apt.# City State Zip

5. Birth Date _____ / _____ / _____ **6. Place of Birth:** _____ **7. Sex:** ___M___F
Month Day Year

8. Are you a U.S. Citizen? ___Yes___ No. **If no, give Alien Registration #:** _____

9. Source of Income (Check all that apply to you & monthly gross amount.)

- Employed \$ _____
- TANF \$ _____
- Self –employed \$ _____
- JCW \$ _____
- Unemployment \$ _____
- S.S.I \$ _____
- Social Security \$ _____
- Other \$ _____

Benefits

Employed in Jersey City? ___yes___ no. **Total hours worked per week:** _____ hrs.

Have you been employed for more than 6 months? ___Yes___ No

Total Monthly Income: \$ _____. (Total must include all sources checked above for head of house ONLY.)

VETERANS STATUS – PLEASE CHECK IF YOU OR SPOUSE:

- Have completed at least 90 days of active duty in the U.S. Armed Forces. (Discharge other than dishonorable)
- Are a widow, widower (spouse), or parents of a veteran killed during a time of war?
- Merchant seaman who served in active, ocean-going service from December 7, 1941 through August 15, 1945.

ATTACH COPY OF DD214 FOR VERIFICATION. (If not attached, consideration for veterans preference will not be provided)

SECTION II – _____SPOUSE _____CO-HEAD (PLEASE CHECK ONE)

10. Name: _____ **S.S.#:** _____ - _____ - _____
Last First

Birth date: _____ / _____ / _____ **Place of Birth:** _____ **Sex:** ___M___F
Month Day Year

Are you a U.S. Citizen? ___Yes___ No. **If no, give Alien Registration:** _____

11. Source of Income (Check all that apply to spouse or co-head & monthly gross amount.)

- Employed \$ _____
- TANF \$ _____
- Self –employed \$ _____
- JCW \$ _____
- Unemployment \$ _____
- S.S.I \$ _____
- Social Security \$ _____
- Other \$ _____

Benefits

Employed in Jersey City? ___Yes___ No. **Total hours worked per week:** _____ hrs.

Have you been employed for more than 6 months? ___Yes___ No

Total Monthly Income: \$ _____. (Total should include all sources checked above for spouse or co-head.)

YOU MUST INCLUDE SOCIAL SECURITY NUMBERS FOR ALL FAMILY MEMBERS

INCOMPLETE FORMS WILL RESULT IN BEING PLACED ON THE WAITING LIST WITHOUT THE APPROPRIATE PREFERENCE(S).

FOR OFFICE USE ONLY

Appl.#: _____

D.O.A. _____ / _____ / _____

Initials: _____

SECTION III – Family Data (*Family members who will be living with you.*)

12. List all other person(s) who will reside with applicant.

Member Name	Relationship	Sex M/F	Date of Birth	Place of Birth	Social Security #	Monthly Income	Type of Income

ATTACH SHEET WITH ADDITIONAL MEMBERS AND INCLUDE SAME DETAILS REQUESTED ABOVE

Answering questions 13 and 14 is strictly voluntary. The Housing Authority requests that you answer these questions relating to the requirements of the Fair Housing and Equal Opportunity Regulations and Americans with Disabilities Law.

13. Select Race: Black White Asian or Pacific Islander American Indian Native Hawaiian/Other
 Select Ethnicity: Hispanic Non Hispanic

14. Does the head of house, spouse or co-head:
 Use a wheelchair.
 Use a walker, cane or other medical device that assists mobility.
 Have a sight impairment or difficulty in seeing.
 Have a hearing impairment or difficulty in hearing.

SECTION IV – CURRENT HOUSEHOLD DATA

15. Do any of the following apply to you? If so, check appropriate box.
- Victim Witness:** To avoid reprisals because of cooperation with Law enforcement agencies.
 - Victim of Domestic Violence:** A person confronting actual or threatened physical violence by a spouse of other family member who lives in the same household.
 - Involved in the Work First Program or other self-sufficiency efforts?**

The above will require approved certification or other official legal documentation.

I AUTHORIZE THE FOLLOWING INDIVIDUAL(S) TO CALL AND SPEAK ON MY BEHALF IF CIRCUMSTANCES PREVENT ME OR ANYONE ELSE LISTED ON THIS APPLICATION FROM CONTACTING THE JERSEY CITY HOUSING AUTHORITY.

PRINT NAME	RELATIONSHIP	PHONE NUMBER

WARNING! SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE U.S. GOVERNMENT AS TO ANY MATTER WITHIN ITS JURISDICTION.

I, HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

Signature of Head of Household _____ Date _____ Signature of Spouse/Co-applicant _____ Date _____

The JCHA does not discriminate on the basis of race, religion, sex, national origin, or disabilities in its programs or activities.