

Return Form via email to <u>applicantselection@jcha.us</u> 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

-r r	licant email address:				DATE:		
EC	TION I – Applicant Head	D OF HOUSE	EHOLD DA	TA (TYPE OR F	PRINT CLEARLY)		
					Phone#	:	
•	Name:				2. S.S#:		
•	Physical Address:		Apt.	#	City	State	Zip
•	Mailing Address: (If Applicable) _	Street		Apt.#	City	State	Zip
	Birth Date ///						
· .	Are you a U.S. Citizen?	Yes	No.	If no, gi	ve Alien Registr	ation #:	
	Source of Income (Check all the	at apply <u>to yo</u>	<u>u</u> & monthly	gross amount.)			
	□ Employed \$	🗆 TANI	F \$	□ Self –en	nployed \$	□JCW \$	
	Unemployment \$	□ S.S.I	\$	Social S	Security \$	□ □Other \$_	
	Benefits Employed in Jersey City?	yes 1	no.	Total hou	rs worked per w	eek: h	rs.
	Have you been employed for	more than 6	omonths?	Yes	No		
	Total Monthly Income: \$	•	(1 otal must i	incluae all sourc	ces checkea above j	for neaa of nouse <u>O</u>	<u>NLY</u> .)
	Are a widow, widower (spoMerchant seaman who serv	ouse), or pare	ents of a vet	teran killed du	-	·?	
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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.**
 - **u** Have a sight impairment or difficulty in seeing.
 - **U** 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	
PRINT NAME	RELATIONSHIP	PHONE NUMBER	
	SENTATION TO ANY DEPARTM	DE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL ENT OR AGENCY OF THE U.S. GOVERNMENT AS TO ANY	
, HEREBY CERTIFY THAN NOWLEDGE.	AT THE INFORMATION CON	CAINED IN THIS APPLICATION IS TRUE TO THE BES	ST OF MY
Signature of Head of House	chold 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.