

MAINSTREAM HOUSING CHOICE VOUCHER PROGRAM

CERTIFICATION OF PREFERENCE ELIGIBILITY

In order to be eligible for the Housing Authority of Gloucester County's Mainstream Housing Choice Voucher Program an applicant must be:

A non-elderly person

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

With *disabilities*

Defined as a person who:

- Has a disability, as defined in 42 U.S.C. 423; (i)
- Is determined, pursuant to HUD Regulations, to have a physical or mental, or emotional (ii) 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:

. is a

I_____, certify that applicant, _____ 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.

Name:		
Location of Organization:		
Telephone	, email	
Date:		

To be completed by Applicant:

I wish to identify a representative to discuss and assistant with housing matters.

If yes, please complete the Representative Authorization Form attached Yes _____ No_____ TENANT PROCESSING • 100 POP MOYLAN BOULEVARD • DEPTFORD, NJ 08096-1907 • 856/853-1190 FAX: 856/251-6671





REPRESENTATIVE AUTHORIZATION FORM REOUEST FOR CONSENT TO DISCUSS AND ASSIST ON BEHALF OF APPLICANT AND PARTICIPANTS

Head of Household Name: _____ Last 4 digits of SS#: _____

I authorize the following person or agency:

Name:

(if individual signing for the agency, any agency representative is authorized)

Relationship to Head of Household: Agency (if applicable):		Phone:	
Street Address:			
City:	State:	Zip Code:	

To (Head of Household must initial all that apply):

_____ Receive all correspondence from the Housing Authority (in addition to having it sent to me.) I am responsible for notifying the Housing Authority in writing of changes to the Authorized Person's address.

_____ Discuss any matters relating to me with Housing Authority staff. The Housing Authority is authorized to share any information they may have about me or my status in the Housing program with the Authorized Person.

State Reason for Request:

It is my responsibility to communicate with the Authorized Person or Agency about information submitted to or otherwise, shared with the Housing Authority on my behalf. I (the head of household) understand that this agreement does not release me from my responsibility to comply with all program requirements. Nothing in this agreement prevents me (the head of household) from acting on my own behalf. I understand that I may call the Housing Authority directly and respond directly to correspondence. This agreement will not expire unless I notify the Housing Authority in writing that I would like to cancel it. This agreement is not effective unless the Housing Authority approves it by signing below.

Head of Household's Signature	Date
field of fioldschold's bightered	Date
A with anima d Dansan	Data
Authorized Person	Date
······	
Housing Authority Authorization	Date