

**PUBLIC NOTICE**  
**LAKEWOOD HOUSING AUTHORITY**  
**SECTION 8 HOUSING CHOICE VOUCHER PROGRAM**

The Lakewood Housing Authority (LHA) announces that new applications will be accepted from income-eligible families and individuals (see income limits below) including single, disabled and/or elderly persons. In accordance with the Administrative and Annual Plans, preference is given to applicants who physically reside in Lakewood Township. Single persons who are neither disabled, handicapped nor elderly will be placed at the end of the Waiting List.

**Applications will be accepted by REGULAR U.S. MAIL ONLY. Persons interested in filing an application for the Section 8 Housing Choice Voucher Program must complete and return the application in a sealed envelope by REGULAR U.S. MAIL ONLY. No certified or air mail will be accepted. Applications will not be accepted if postmarked earlier than October 19, 2010 or later than November 3, 2010. Only one application per applicant/household will be accepted. Any applicant/household submitting more than one application will be disqualified. That means that if you submit more than one application, all your applications will be disqualified and rejected.**

Mail the completed application to:

Lakewood Housing Authority  
P.O. Box 1260  
Lakewood, NJ 08701

LHA will conduct a lottery on November 10, 2010 to determine the order the names will appear on the Waiting List. Copies of the application form may be obtained at the Administrative Office of LHA, 317 Sampson Avenue, Lakewood NJ, - Lakewood Township Municipal Building, 231 3<sup>rd</sup> Street, Lakewood, NJ and at the Lakewood Library, 3301 Lexington Ave, Lakewood NJ beginning, October 19, 2010 through November 3, 2010.

**REMEMBER:** Only those applications postmarked between October 19, 2010 through November 3, 2010 will be accepted. All others will be rejected.

Eligibility is based upon income limits established by the U.S. Department of Housing and Urban Development. 75% of all new admissions to the program must be under the extremely low-income guidelines and 25% of all new admissions to the program must be under the low-income guidelines.

**INCOME LIMITS FOR OCEAN COUNTY BY FAMILY COMPOSITION:**

Family Member	Extremely Low	Very Low Income
1	\$18,550.00	\$30,900.00
2	\$21,200.00	\$35,300.00
3	\$23,850.00	\$39,700.00
4	\$26,450.00	\$44,100.00
5	\$28,600.00	\$47,650.00
6	\$30,700.00	\$51,200.00
7	\$32,800.00	\$54,700.00
8	\$34,950.00	\$58,250.00
9	\$37,050.00	\$61,750.00
10	\$39,150.00	\$65,300.00
11	\$41,300.00	\$68,800.00
12	\$43,400.00	\$72,350.00
13	\$45,500.00	\$75,900.00
14	\$47,650.00	\$79,400.00
15	\$49,750.00	\$82,950.00

Your family is eligible to apply for this program if your income is below the very low income limit.

If you are currently on a waiting list for rental assistance or for public housing with another agency, your name may remain on that waiting list while applying to the LHA. **This application is for the Section 8 Housing Choice Voucher Program ONLY!** To apply for Public Housing you may obtain a Public Housing application at the LHA Administrative Office at 317 Sampson Avenue, Lakewood, NJ.

**PRELIMINARY APPLICATION FOR LAKEWOOD HOUSING AUTHORITY  
SECTION 8 HOUSING CHOICE VOUCHER PROGRAM  
(Please Print CLEARLY)**

Applicant's Name \_\_\_\_\_ (last) \_\_\_\_\_ (first)

SS# of Applicant \_\_\_\_/\_\_\_\_/\_\_\_\_ Applicant's Date of Birth \_\_\_\_\_ (DOB)

Physical Address \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip)  
No PO Boxes \_\_\_\_\_

Mailing Address \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip)

Phone Number: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Name of each Household Member in Dwelling Unit	Relationship to Head of Household	DOB	Sex	S.S. #
	<b>HEAD OF HOUSEHOLD</b>	_____	_____	____/____/____
_____	_____	_____	_____	____/____/____
_____	_____	_____	_____	____/____/____
_____	_____	_____	_____	____/____/____
_____	_____	_____	_____	____/____/____
_____	_____	_____	_____	____/____/____
_____	_____	_____	_____	____/____/____

Please attach a separate sheet for additional members

**COMBINED GROSS ANNUAL INCOME FOR ALL FAMILY MEMBERS FROM ALL SOURCES:**

\*Wages\$ \_\_\_\_\_ Soc.Sec/SSI/SSD\$ \_\_\_\_\_ TANF\$ \_\_\_\_\_ GAS \_\_\_\_\_ Pensions\$ \_\_\_\_\_ Unemployment \_\_\_\_\_  
State DIS\$ \_\_\_\_\_ Child Support\$ \_\_\_\_\_ Family Support\$ \_\_\_\_\_ Self Employment\$ \_\_\_\_\_  
Rental Income\$ \_\_\_\_\_  
Other (specify)\$ \_\_\_\_\_ Specify \_\_\_\_\_

**Total Gross Annual Income\$ \_\_\_\_\_**

\*For wages ONLY, please indicate amount for household members 18 or older.

**COMBINED HOUSEHOLD ASSETS FOR ALL FAMILY MEMBERS (including minors) FROM ALL SOURCES**

Checking\$ \_\_\_\_\_ Savings\$ \_\_\_\_\_ Stocks\$ \_\_\_\_\_  
Custodial Accounts\$ \_\_\_\_\_ Bonds\$ \_\_\_\_\_  
Value of Real Estate\$ \_\_\_\_\_ Money Market\$ \_\_\_\_\_ CDS \_\_\_\_\_ Trusts\$ \_\_\_\_\_  
Whole Life Insurance Cash Value \$ \_\_\_\_\_  
Cash on Hand\$ \_\_\_\_\_  
Other(specify)\$ \_\_\_\_\_ Specify \_\_\_\_\_

**Check all that apply to head of household and/or spouse:**

- ( ) Non-elderly
- ( ) 62 or older
- ( ) Disabled/handicapped
- ( ) Veteran

**For statistical purposes only. Check one:**

- ( ) White
- ( ) Black/African American
- ( ) American Indian/Alaskan Native
- ( ) Asian/Pacific Islander
- ( ) Other

**Ethnic Code. Check one:**

- ( ) Hispanic
- ( ) Non-Hispanic

Do you currently physically reside in Lakewood?  Yes  No

- Applicant must be 18 years or older at the time of application or application will be rejected.
- Incomplete applications will be rejected.
- Applications containing false information discovered at time of call-in will be rejected.
- Multiple applications from the same applicant/household will be rejected.
- ONLY REGULAR U.S. MAIL will be accepted, all others will be rejected.
- If multiple applications are discovered at time of call-in all applications will be rejected.
- Illegible applications will be rejected.
- Application must have the original signature of the applicant, all others will be rejected.

I understand that changes to my application must be submitted in writing. I understand that it is my responsibility to notify the LHA of any change of address and/or family composition and that failure to do so may result in my name being removed from the Waiting List.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Make sure that you have completed the entire application signed and printed your name.

The application must be postmarked between October 19, 2010 through November 3, 2010 and mailed to the LAKEWOOD HOUSING AUTHORITY, P.O. BOX 1260 , LAKEWOOD, NJ 08701. Applications will not be accepted if postmarked earlier than October 19, 2010 or later than November 3, 2010.