

# PLEASE READ THE FOLLOWING INSTRUCTIONS FOR COMPLETING YOUR PRELIMINARY APPLICATION

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1. You must complete *all requested information*.
2. Please print clearly
3. Your completed application must be postmarked no later than October 13, 2021.
4. You must send your application to the address below:

Housing Authority City of Linden  
P.O. Box 3029  
Linden, NJ 07036

5. Applications will be selected for placement on the waiting list based on a Lottery system.
6. During the Lottery there will be 500 applications picked.
7. Names of the selected preliminary applicants will be called out and recorded.
8. Picked preliminary applicants will be notified of selection within 45 days.
9. Preferences you may claim:
  - Resident of Linden, Roselle or Roselle Park (You must Live, Work or have been hired to work in these areas)
  - Working Family – Families where the head, spouse/co-head or sole member is employed and that such income qualifies under HUD definition of annual income. Works at least 20 hours per week. This preference is automatically extended to an applicant family if the head, spouse or sole member is age 62 or older or is a person with disabilities.
10. You **MUST** return your preliminary application in a number 10 envelope to the address above (See #4)

The Lottery Drawing will be held:

Friday, October 22, 2021

9:30am to 4:00pm

John T. Gregorio Towers

1425 Dill Ave., Linden, NJ 07036

THERE WILL BE LIMITED SEATING OPEN TO APPLICANTS ONLY

*“ IF YOU NEED ASSISTANCE TO COMPLETE THE APPLICATION PROCESS BECAUSE OF A DISABILITY PLEASE CALL KATHYANN FURMAN AT 908-486-7172 EXT. 303 ”*

**NO** PRELIMINARY APPLICATIONS WILL BE ACCEPTED AT  
THE MAYOR’S OFFICE OR AT ANY OF THE HOUSING AUTHORITY OFFICES



HOUSING AUTHORITY CITY OF LINDEN  
HOUSING CHOICE VOUCHER PROGRAM (SECTION 8)

PRELIMINARY APPLICATION

Income Limits

1 person - \$37,600    2 person - \$43,000    3 person - \$48,350    4 person - \$53,700  
5 person - \$58,000    6 person - \$62,300    7 person - \$66,600    8 person - \$70,900

Applicant Information

Name: ( Head of Household ) \_\_\_\_\_

Address: \_\_\_\_\_ Apt.# \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Household Members

|               |           |           |
|---------------|-----------|-----------|
| 1. Head _____ | SS# _____ | DOB _____ |
| 2. _____      | SS# _____ | DOB _____ |
| 3. _____      | SS# _____ | DOB _____ |
| 4. _____      | SS# _____ | DOB _____ |
| 5. _____      | SS# _____ | DOB _____ |
| 6. _____      | SS# _____ | DOB _____ |

*\*Any additional family members use separate sheet of paper and attach to this form.*

Total Annual Gross Income from all sources for the entire household (Employment, Social Security, Pensions, Alimony, Child Support, Annuities, Stocks, Bonds, interest earned from savings accounts, checking accounts, CD,s, etc)

\$ \_\_\_\_\_  
Total Gross Income for entire household

Preference(s) Claimed: \_\_\_\_\_ Linden/Roselle/Roselle Park Resident  
\_\_\_\_\_ Working

**Please note: All income and preferences claimed will be verified before you are approved for a subsidy**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Head of Household

ALL applications must be postmarked by October 13, 2021. All applications postmarked AFTER October 13, 2021 will be destroyed.

All applications **NOT** selected during the Lottery Process will be destroyed.

The Housing Authority City of Linden **will not** accept applications at any of our offices or the Mayor's office.

