

**Housing Choice Voucher (Section 8 Program)**

Applicant's Name \_\_\_\_\_  
Last
First
M.I

Social Security Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Present Address \_\_\_\_\_  
No.
Street
City
State
Zip Code

Landlord's Name: \_\_\_\_\_ Move in Date: \_\_\_\_\_

Landlord's Address \_\_\_\_\_  
No.
Street
City
State
Zip Code

Former Address: \_\_\_\_\_

Employer's Name: \_\_\_\_\_  
No.
Street
City
State
Zip Code

Employer's Address: \_\_\_\_\_  
No.
Street
City
State
Zip Code

Date of Hire: \_\_\_\_\_ Number of Hours Worked Per Week: \_\_\_\_\_

Gross Salary \$ \_\_\_\_\_ (Circle One) Weekly Bi-Weekly Monthly Bi-Monthly Yearly

If not employed, list your source of income \_\_\_\_\_

Gross Amount \$ \_\_\_\_\_ (Circle One) Weekly Bi-Weekly Monthly Bi-Monthly Yearly

I hereby authorize the Jersey City Housing Authority, and its designee, **Online Rental Exchange** the right to conduct searches for the purpose of obtaining rental lease information it deems desirable in the processing of my application for rental assistance. Information to be obtained includes but is not limited to criminal background checks, credit reports and rental history.

\_\_\_\_\_  
 Applicant's Signature Date

**Below for Office Use Only**

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JCHA Processor: Applicant Selection \_\_\_\_\_  
Name/Date

**Check Request Category Below:**

- Wait List Applicant       Lease Addition       New Head of Household
- Live In Aide                 Relocation

\_\_\_\_\_ Pass \_\_\_\_\_ Fail \_\_\_\_\_  
Section 8 Director, Patricia Ramirez/Designee      Date