



JCHA

Jersey City Housing Authority

Dwight Street Homes Affordable Homeownership

- Below market purchase price
- Below market interest rate
- No down payment mortgage
- Rental income

Your Wealth Building Opportunity!

The Jersey City Housing Authority is accepting applications from eligible applicants for current vacancies at its public housing Homeownership Development, Dwight Street Homes.

There are 5 out of the original 50 2-family Dwight Street Homes remaining, which are located on Dwight Street and Stegman. Therefore, once the remainder of the homes are sold, any applicants left on the waiting list will be notified and withdrawn from the wait list.

Successful applicants who are placed at Dwight Street Homes will initially rent and after one month tenancy (and successful completion of the Homeownership Program) will purchase the 2-family home.

YOU ARE ELIGIBLE IF YOU:

1. Are interested in buying a 2-family home
2. Have 3, 4 or 5 persons in your household
3. Have good credit or credit that can be repaired within 6 months
4. Have income between 60% - 80% of median income as follows:

3 persons	\$55,087- \$67,800
4 persons	\$61,181- \$75,300
5 persons	\$66,096- \$81,350

Applications may be picked up at the Applicant Selection Office at 400 US Highway #1 (Marion Garden), Jersey City, NJ 07306 or at the Dwight Street Homes Management Office, 315 Randolph Avenue, Jersey City, NJ 07305, Monday - Friday, 9:00 AM - 3:30 PM. Call the Dwight Street Homes manager, Stephanie Carson at (201) 706-4741 for further information. If you have a hearing impairment, please call Relay Service for the Hearing Impaired at "711".



The JCHA does not discriminate on the basis of race, color, religion, sex, national origin, or disabilities.





APPLICATION FOR DWIGHT STREET HOMES

DATE: _____

SECTION I – APPLICANT HEAD OF HOUSEHOLD DATA (TYPE OR PRINT CLEARLY)

Phone#: _____

1. Name: _____ 2. S.S#: _____
Last First

3. Physical Address: _____
Street Apt.# City State Zip

4. Mailing Address: (If Applicable) _____
Street Apt.# City State Zip

5. Birth date: ____/____/____ 6. Place of Birth: _____ 7. Sex: ___M___F
month day year

8. Are you a U.S. Citizen? ___Yes___ No. If no, give Alien Registration #: _____

9. Source of Income (Check all that apply to you & monthly amount.)
 Employed \$ _____ AFDC \$ _____ Self-employed \$ _____ JCW \$ _____ Child Support \$ _____
 Unemployment Benefits \$ _____ S.S.I \$ _____ Social Security \$ _____ Other \$ _____
If employed, (in Jersey City?) ___yes___ no. Hours worked per week: _____ hrs.
Have you been employed for more than 6 months? ___Yes___ No
Total Combined Monthly Gross Income of Entire Household: \$ _____.

VETERANS STATUS – PLEASE CHECK IF YOU:
 Have completed at least 90 days of active duty in the U.S. Armed Forces. (Discharge other than dishonorable)
 Are a widow, widower (spouse), or parents of a veteran killed during a time of war.
 Merchant seaman who served in active, ocean-going service from December 7, 1941 through August 15, 1945.

ATTACH COPY OF DD214 FOR VERIFICATION. (If not attached, consideration for veterans ranking preference will not be provided)

SECTION II – ___SPOUSE___ ___CO-HEAD___ (PLEASE CHECK ONE)

FOR OFFICE USE ONLY

Appl.#: _____ D.O.A. ____/____/____ Initials: _____

10. Name: _____ S.S.#: _____ - _____ - _____
Last First

Birth date: ____/____/____ Place of Birth: _____ Sex: ___M ___F
month day year

Are you a U.S. Citizen? ___Yes___ No. If no, give Alien Registration: _____

11. Source of Income (Check all that applies to spouse or co-head & monthly gross amount.)

Employed \$_____ AFDC \$_____ Self-employed \$_____ JCW \$_____ Child Support \$_____ Unemployed Benefits \$_____ S.S.I \$_____ Social Security \$_____ Other \$_____

If employed, (in Jersey City?) ___Yes___ No. Hours worked per week: _____ hrs.

Have you been employed for more than 6 months? ___Yes___ No

Your Monthly Gross Income: \$_____. (Total should include all sources checked above.)

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	S.S. #	Monthly Gross Income	Type of Income

Please note that 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

Select Ethnicity:

Hispanic Non Hispanic

14. Does the head of house, spouse or co-head have a disability? ___Yes___ ___No

Does the head of house, spouse or co-head:

Use a wheelchair. ___Yes___ ___No

Use a walker, cane or other medical device that assists walking or mobility. ___Yes___ ___No

Have a sight impairment or difficulty in seeing. ___Yes___ ___No

Have a hearing impairment or difficulty in hearing. ___Yes___ ___No

WARNING! SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE U.S. GOVERNMENT AS TO ANY MATTER WITHIN ITS JURISDICTION.

I, HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

Signature of Head of Household

Date

Signature of Spouse/Co-Applicant

Date

Applicant release of Information:

If circumstances prevent me from calling The Jersey City Housing Authority, the following individual(s) are authorized to inquire/speak on my behalf:

Name

Relationship

ALL APPLICATIONS MUST BE SIGNED AND FORWARDED TO THE FOLLOWING ADDRESS

**JERSEY CITY HOUSING AUTHORITY
APPLICANT SELECTION OFFICE
400 U.S HWY #1 (MARION GARDENS)
JERSEY CITY, NEW JERSEY 07306**

*The JCHA does not discriminate on the basis of race,
religion, sex, national origin, or disabilities in its programs
or activities.*