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 Therefore, once the remainder of the homes are sold, any applicants left on the waiting list will be notified and withdrawn from the wait list.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:

<table>
<thead>
<tr>
<th>Number of Persons</th>
<th>Income Range</th>
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<tbody>
<tr>
<td>3 persons</td>
<td>$55,087 - $67,800</td>
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<tr>
<td>4 persons</td>
<td>$61,181 - $75,300</td>
</tr>
<tr>
<td>5 persons</td>
<td>$66,096 - $81,350</td>
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</tbody>
</table>

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: ____________________________________________________________
   Last                           First

2. S.S#: ______-____-______

3. Physical Address:
   Street _____________________________________________________________
   Apt.# __________________________ City ______________ State ________ Zip ________

4. Mailing Address: (If Applicable)
   Street _____________________________________________________________
   Apt.# __________________________ City ______________ State ________ Zip ________


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.

<table>
<thead>
<tr>
<th>Member Name</th>
<th>Relationship</th>
<th>Sex M/F</th>
<th>Date of Birth</th>
<th>Place of Birth</th>
<th>S.S. #</th>
<th>Monthly Gross Income</th>
<th>Type of Income</th>
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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

Page 2 of 3
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.

<table>
<thead>
<tr>
<th>Signature of Head of Household</th>
<th>Date</th>
<th>Signature of Spouse/Co-Applicant</th>
<th>Date</th>
</tr>
</thead>
</table>

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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
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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.