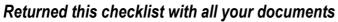
REQUIRED DOCUMENTS CHECKLIST





Applicant:		′ardi #: T		
Applicants are required to provide information needed to confirm eligibility. Below are required forms that need signatures and supporting documents, failure to submit requested information will result in delayed processing or rejection of the application. If you need additional forms for household members please contact us or download them from our website. Please indicate how many copies you are submitting next to the item where request for number (#).				
	Application for Continued Occupancy (HCV) / Application for E	Eligibilty (LIPH)		
	HUD 92006 Supplement to Application for Federally Assisted Housing	Household	Size	
Required for	or all household members:	Select Prefer Lange	lage.	
	Birth Certificate(s) #	English_		
	Social Security Card(s) #	Arabic	Other	
	HUD 27061-H Race/Ethnicity Form #			
	Declaration 214 Form (Alien Reg. Card - front and back of card, Cert. of N	Naturalization, etc.) #		
	Alien Registration Card (front and back of card) / Certificate of Naturalizate	tion, Etc. #		
Required s	gnatures and documents for all adult household members aged 18 and	<u>d older:</u>		
	HUD 9886-A Authorization for Release Information #			
	Background Check Form(s) #			
	Background Disclosure Statement(s) # (LIPH Only)			
	HUD EIV Form (former tenant search) #			
	Valid State of New Jersey ID (every member over 18 years of age) #	_		
	HUD 52675 Debts Owed to Public Housing Agencies and Terminations #	<u> </u>		
	Self-Certification of Net Family Assets and Real Property Form			
	Community Service Entrance Acknowledgement / CS Exemption Form	(LIPH Only)		
	HUD 5380 VAWA Notice of Occupancy Rights #			
	Student Status Form (LIPH Only)			
	Copies of Current Rent Receipt / Lease / (PSE&G bill - HCV Only)			
	Criminal Activity Policy (HCV Only)			
	Income Verification If employed provide one month's worth of pay stubs If receiving SS, SSI, SSD, etc., must present a recently dated Award/Ben If receiving TANF, HCW, JCW must present a recently dated award letter If receiving Unemployment provide most recent statement If receiving Child Support provide statement history of account Statement from Savings, Checking accounts, Pension		bi-weekly = 2	

Attachment Community Service Exemption Certification

I certify that I am eligible for an exemption from the Community Service requirement for the following reason:

Resident Date			
()	requirements, then every adult member of the household is exempt from the Community Service Requirement)	
		I am receiving TANF (Note: If the Head of Household is complying with all Program	
()	I am a resident providing childcare services to an individual who is participating in a community service program	
()	I am enrolled at a secondary school with satisfactory attendance or in a course study leading to a certificate of general equivalence	
()	I am engaged in a vocational educational training (not to exceed 12 months with respect to any individual) or in job-skills training directly related to employment	
()	I am an employed resident or residents who are already engaged in a work activity or self-sufficiency program (<i>Must provide verification from the funding agency that you are complying with job training or work requirements</i>)	
()	I am a resident who cares for a person with disabilities	
()	I am blind or disabled (Certification of Disability Form will serve as documentation)	
()	I am Senior Citizen (62 or older)	