



A HUD SPONSORED PUBLIC HOUSING AGENCY
50 Brookside Avenue ■ Lodi, New Jersey 07644

GARY LUNA
Acting Executive Director

CAROL A. FERRARA
Deputy Executive Director

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**Lodi Housing Authority
does not discriminate
based upon race,
color, religion, sex, or
national origin.**

**Lodi Housing Authority
does have a local
preference when selecting
applicants for assistance.**

**Local preference is based
upon living, working, or
attending school in the
Borough of Lodi.**

**This does not mean that
LHA will not accept
applications from anyone
outside of Lodi.**

Lodi Housing Authority is pleased to announce the opening of its waiting list for the Public Housing Program and the Housing Choice Voucher (Section 8 Rental Assistance) Program. We will only accept pre-applications from SENIORS/DISABLED (62+) and/or VETERAN APPLICANTS.

Eligible applicants will be placed on the waiting list and applicant selection will be based upon household size and unit availability. Applicants/heads of household must be at least 18 years of age and meet all income and eligibility requirements.

Maximum income limits for the entire household cannot be exceeded at the time your application is selected from the waiting list for eligibility review. HUD routinely adjusts income limits on an annual basis which could affect your future eligibility. Current income limits for Lodi/Bergen County by household size are:

	HOUSEHOLD SIZE							
	1	2	3	4	5	6	7	8
Low Income	66,750	76,250	85,800	95,300	102,950	110,550	118,200	125,800
Very Low Income	45,400	51,850	58,350	64,800	70,000	75,200	80,400	85,550
Extremely Low Income	27,250	31,150	35,050	38,900	42,050	45,150	48,250	51,350

The pre-application must be completed in its entirety and will be accepted **by mail only**. If you require assistance in completing the pre-application or have any questions, please call 973-470-3650 x16 and leave a message.

Submission of a pre-application does not guarantee placement on the waiting list.

Pre-applications must list names, social security numbers, dates of birth, and income information for all members of the household. Proof of age, disability, and veteran status must accompany the pre-application submission.

All pre-applications must be postmarked by Friday, April 12, 2024. No pre-applications will be accepted after this date and no applications will be distributed or received at the door.

All eligible applicants will be placed on the waiting list; however, actual assistance may not be available for several months or even several years, depending upon current resident/participant turnover rate.

Please refer to Public Notice for additional information.

LODI HOUSING AUTHORITY

PLEASE READ CAREFULLY BEFORE COMPLETING THE PRE-APPLICATION

IF YOU ARE FOUND TO BE ELIGIBLE, YOU WILL BE NOTIFIED BY MAIL AS SOON AS POSSIBLE & YOUR NAME WILL BE PLACED ON THE WAITING LIST.

The Pre-Application process is open for anyone to apply. However, Lodi Housing Authority has been approved by HUD to establish a "local preference" for selecting applicants, which includes applicants who work or attend school in the Borough of Lodi.

After your Pre-Application has been submitted to this office, please **DO NOT CALL OR WRITE** the office regarding your status on the waiting list. You will be notified in writing of your eligibility to be placed on the waiting list.

**COMPLETED APPLICATIONS MUST BE POSTMARKED NO LATER THAN
FRIDAY, APRIL 12, 2024, AND MAILED TO:**

***LODI HOUSING AUTHORITY
50 BROOKSIDE AVENUE
LODI, NEW JERSEY 07644
ATTENTION: PRE-APPLICATION DEPT.***

ALL APPLICATIONS MUST HAVE ORIGINAL SIGNATURES AND MUST BE DATED AND WILL NOT BE ACCEPTED VIA FAX OR EMAIL.

**NO PRE-APPLICATIONS WILL BE DISTRIBUTED OR ACCEPTED AT
THE LODI HOUSING AUTHORITY ADMINISTRATIVE OFFICE.**

NOTE: YOU WILL BE SENT "UPDATE" FORMS TO KEEP YOUR INFORMATION CURRENT. IF WE DO NOT RECEIVE A RESPONSE FROM YOU, YOUR NAME WILL BE REMOVED FROM THE WAITING LIST. IF YOU HAVE A CHANGE OF ADDRESS, PLEASE MAIL IN THE INFORMATION INDICATING YOUR PRE-APPLICATION DATE (2019) AND THE PROGRAM WHICH YOU APPLIED FOR (Public Housing, Section 8, or Both).



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LODI HOUSING AUTHORITY PRE-APPLICATION FORM

ALL SECTIONS MUST BE COMPLETED (AS APPLICABLE)
ANY INCOMPLETE PRE-APPLICATION WILL BE DISCARDED

I AM APPLYING FOR: Public Housing _____ Section 8 _____ Both _____

PLEASE PRINT CLEARLY

1. HEAD OF HOUSEHOLD INFORMATION:

Last Name

First Name

Street Address (No PO Boxes)

City

State

Zip Code

Primary Telephone #

Alternate Telephone #

2. EMAIL ADDRESS:

Primary Email Address

Alternate Email Address

3. FAMILY COMPOSITION: INCLUDING YOURSELF AS THE HEAD OF HOUSEHOLD, LIST ALL INDIVIDUALS WHO LIVE WITH YOU.

NAME OF EACH MEMBER IN THE HOUSEHOLD	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX M/F	SOCIAL SECURITY #	DATE OF BIRTH	COUNTRY OF BIRTH**
	HEAD OF HOUSEHOLD				

**** U.S. Citizenship Notification and Certification:** Housing assistance may be contingent upon the submission and verification of evidence of Citizenship or Eligible Immigration Status.

LODI HOUSING AUTHORITY IS A HUD SPONSORED PUBLIC HOUSING AGENCY – “Any person who, with intent to DEFRAUD the Authority, makes any false statement to or for the Authority shall, upon conviction, thereof, be fined not more than \$1,000.00 or imprisoned for not more than one year or both.”
Section 23, United States Housing Act 1973, as amended.

4. SOURCE(S) OF FAMILY INCOME: CHECK ALL THAT APPLY AND INDICATE GROSS AMOUNT (Weekly, Bi-Weekly, Monthly, Yearly)

✓	SOURCE OF INCOME	GROSS \$\$ AMOUNT	INDICATE WEEKLY, BI-WEEKLY, MONTHLY, OR YEARLY
	Wages		
	Welfare		
	Child Support		
	SS Benefits		
	Social Security		
	Soc. Sec. Disability		
	SSI		
	Pension		
	Other (explain below)		

5. ASSETS: (Savings Acct., C.D.'s, Stocks, Home Ownership/Value)
NOTE: Total \$ amount of assets is not calculated into your total income, ONLY THE INTEREST RECEIVED.

Type of Asset: _____ Approx. Value \$ _____
 _____ \$ _____

6. DOES ANY MEMBER OF THE HOUSEHOLD HAVE A DISABILITY OR IS HANDICAPPED? IF YES, LIST NAME OF FAMILY MEMBER.

___ YES ___ NO FAMILY MEMBER'S NAME: _____

IF YES, DOES THE HANDICAP REQUIRE SPECIAL ACCOMMODATIONS LIKE A RAMP, 1ST FLOOR UNIT, ETC? ___ YES ___ NO

7. FEDERAL REGULATIONS (24CFR982.204(b) (5) REQUIRE THE FOLLOWING INFORMATION FOR HUD STATISTICAL PURPOSES ONLY:
Please identify your race and ethnicity by checking one box in each of the two categories below:

CHECK ONE

___ White
 ___ Black/African American
 ___ American Indian/Alaska Native
 ___ Asian
 ___ Native Hawaiian/Other Pacific Islander
 ___ Other: _____ (Please specify)

CHECK ONE

___ Hispanic
 ___ Non-Hispanic

I UNDERSTAND THAT THIS IS A PRE-APPLICATION FOR THE WAITING LIST ONLY. IT IS NOT A CONTRACT AND DOES NOT BIND EITHER PARTY. THE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature of Applicant

Date