Hackensack Housing Authority

November 15, 2022

Greetings,

We are reaching out with this application, in an effort to deliver affordable housing opportunities to those who need them the most. This application is for HUD housing dedicated to senior/disabled applicants *(with disabled being defined as receiving Social Security or SSI)*. These affordable units are located at Patrick DiZenzo Court, in Hackensack, NJ, and rental amounts are based upon income.

Applicants who currently live or work in Bergen, Hudson, Passaic or Sussex Counties, and Veterans *(a person who has served in the active military or naval service of the United States at any time as the President of the United States shall determine, and who has been discharged or released therefrom under conditions other than dishonorable with at least 1 year minimum service or service related disability)*, will be given preference. If you have already applied to the Hackensack Housing Authority, elderly/disabled waiting list, you must reapply to be included in this opportunity. This will not affect your current placement on our other waitlists.

If you know of anyone age 62 or over or disabled, looking for affordable housing in Hackensack, NJ, please forward this information. Also, please feel free to post this to community boards, and high traffic locations, where employees and customers may view it.

If you, or any interested parties have questions, or need additional information, please contact dizenzocourt@hackensackhousing.org.

If you wish to submit a preliminary application online, please visit us at https://hackensackhousing.org/dizenzo-court-coah/. The attached paper application can be mailed, faxed, or delivered directly to:

Hackensack Housing Authority
65 First Street, Hackensack, NJ 07601
Phone (201) 342-4280 • Fax (201) 342-5044

Thank you,

Jamie Sabella
Program Administrator
Hackensack Housing Authority

Hackensack Housing Authority

Patrick DiZenzo Court

HACKENSACK HOUSING AUTHORITY PRE-APPLICATION

APPLY ONLINE NOW!

https://hackensackhousing.org/dizenzo-court-coah/

****PLEASE BE ADVISED: Submitting this pre-application does not automatically qualify you for housing assistance. Once you near the top of the list, you will be contacted by the Occupancy Department to arrange an appointment to provide the remainder of the information needed to complete your application and verify your final eligibility. Your application may also be denied according to the results of a tenant credit screening.****

APPLICANT INFORMATION			
NAME: (HEAD OF HOUSEHOLD):			SSN:
DOB:	GENDER:		BIRTHPLACE:
RACE:	HISPANIC/LATINO: Y / N	DISABLED: Y / N	
PHYSICAL ADDRESS:			
CITY:	STATE: ZIP:		COUNTY:
MAILING ADDRESS: (IF DIFFERENT THAN PHYSICAL ADDRESS)			
CITY:	STATE:		ZIP CODE:
PHONE #:	WORK #:		CELL #:
EMAIL ADDRESS:			

CO-APPLICANT INFORMATION			
NAME:	RELATION TO HEAD:		SSN:
DOB:	GENDER:		BIRTHPLACE:
RACE:	HISPANIC/LATINO: Y / N	DISABLED: Y / N	
PHYSICAL ADDRESS:			
CITY:	STATE: ZIP:		COUNTY:
MAILING ADDRESS: (IF DIFFERENT THAN PHYSICAL ADDRESS)			
CITY:	STATE:		ZIP CODE:
PHONE #:	WORK #:		CELL #:

CO-APPLICANT INFORMATION			
NAME:	RELATION TO HEAD:		SSN:
DOB:	GENDER:		BIRTHPLACE:
RACE:	HISPANIC/LATINO: Y / N	DISABLED: Y / N	
PHYSICAL ADDRESS:			
CITY:	STATE: ZIP:		COUNTY:
MAILING ADDRESS: (IF DIFFERENT THAN PHYSICAL ADDRESS)			
CITY:	STATE:		ZIP CODE:
PHONE #:	WORK #:		CELL #:

APPLICATION DETAILS

BEDROOM SIZE: (PLEASE NOTE ALL SIZES THAT YOU WISH TO APPLY FOR): 0 ☐ 1 ☐

WAITING LIST APPLIED FOR: **DIZENZO COURT**

PREFERENCES (PLEASE SELECT ALL THAT APPLY BELOW)

RESIDENT OF OR EMPLOYED IN BERGEN / HUDSON / PASSAIC / SUSSEX COUNTY: ☐ VETERAN / SPOUSE OF A VETERAN: ☐

REASONABLE ACCOMMODATION / ACCESSABILITY FEATURES

REQUESTING A REASONABLE ACCOMMODATION? YES ☐ NO ☐
EXPLAIN:

ACCESSABILITY FEATURES: VISION: ☐ HEARING: ☐ WHEELCHAIR: ☐ PHYSICAL: ☐

CURRENT RESIDENCE

FROM:	TO: **PRESENT**
RENT / OWN?	RENTAL AMOUNT: PER:
LANDLORD NAME:	LANDLORD PHONE #:
LANDLORD ADDRESS:	
CITY: / STATE: / ZIP CODE:	
REASON YOU ARE LOOKING TO MOVE INTO PULIC HOUSING:	

SUBSIDIZED HOUSING

EVER LIVED IN PUBLIC HOUSING? YES NO

IF YES, PROVIDE AGENCY:

INCOME

SOURCE	**HEAD**	**CO-APPLICANT**	**CO-APPLICANT**
WAGES	$ /month	$ /month	$ /month
UNEMPLOYMENT	$ /month	$ /month	$ /month
SOCIAL SECURITY	$ /month	$ /month	$ /month
SSI	$ /month	$ /month	$ /month
TANF	$ /month	$ /month	$ /month
PENSION	$ /month	$ /month	$ /month
_____ (OTHER – SPECIFY)	$ /month	$ /month	$ /month

REFERENCES

NAME:	RELATION:	PHONE #:
NAME:	RELATION:	PHONE #:
NAME:	RELATION:	PHONE #:

CONTINUED ON BACK

TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON WHO KNOWINGLY AND WILLINGLY MAKES FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE U.S. GOVERNMENT IS GUILTY OF A FELONY.

I understand that any misrepresentation of information or failure to disclose information requested in this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance.

I do herby certify that the above information is true, accurate, and complete to the best of my knowledge.

Applicant X _____ Date _____

Co-applicant X _____ Date _____

Co-applicant X _____ Date _____

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ATTN: PATRICK DIZENZO COURT DEPT
65 First Street, Hackensack, NJ 07601
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FOR OFFICE USE ONLY

(REV 10-2022)

APPLICATION NUMBER _____

BEDROOM SIZE(S) _____