

**HOUSING AUTHORITY OF THE CITY OF BAYONNE ("the AUTHORITY") STATUS REQUEST FORM**

The Authority will respond to a Household Status Request only three (3) times within a calendar year. All inquiries will be responded to within sixty (60) days from the Authority's receipt of the initial inquiry.

Please check the appropriate box which pertains to your application:

- Public Housing
- Housing Choice Voucher (Section 8)
- Public Housing Tenant Initiated Transfer Inquiry  
(for existing tenants only)
- Senior Citizen
- Bridgeview Manor

**PLEASE PRINT ONLY:**

Date of Inquiry: \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ EMAIL (Required): \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

***For Office Use Only:***

*Date of Response:* \_\_\_\_\_

**Public Housing** Bedroom: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Status: \_\_\_\_\_

The Authority is currently processing Applications filed in the \_\_\_\_\_ quarter of \_\_\_\_\_

**Senior Low Rent** Bedroom: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Status: \_\_\_\_\_

The Authority is currently processing Applications filed in the \_\_\_\_\_ quarter of \_\_\_\_\_

**HCVP (Section 8)** Bedroom: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Status: \_\_\_\_\_

The Authority is currently processing Applications filed in the \_\_\_\_\_ quarter of \_\_\_\_\_

**Bridgeview Manor** Bedroom: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Status: \_\_\_\_\_

The Authority is currently processing Applications filed in the \_\_\_\_\_ quarter of \_\_\_\_\_

*First preference is given to Bayonne residents. In the event the Authority has exhausted its list of Bayonne residents with preferences, the Authority will then give preference to out-of-town residents. If you should move from your current address, you must notify the office within five (5) business days of its occurrence.*

**Your application for \_\_\_\_\_ was withdrawn.**

**Therefore, you must come to the office to re-apply by submitting a new application**

Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completed by: \_\_\_\_\_