

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.

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 _____

IMPORTANT: 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Your application for _____ was withdrawn.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: _____