***Housing Authority of the City of Vineland***
***Administrative Offices***
***191 W. Chestnut Avenue – Vineland, NJ 08360***
***856-691-4099 ● Fax 856-691-8404***

| Current Open Lists – Select to Apply | |
|---|---|
| Ocean City PBV - Elderly & Disabled | 0 & 1 Bedroom Units |
| Ocean City PBV - Family Sites | 2, 3, & 4 Bedroom Units |

***** IMPORTANT NOTE *****
The Vineland Housing Authority administers project-based vouchers for the Ocean City Housing Authority. **This completed application must be submitted to the Vineland Housing Authority as instructed below**. The units are located in Ocean City, NJ.

## Pre-Eligibility Application

**Who is the Head of Household?** ***(Legal Name)***

_____ _____ ____
Last First M.I.
Last 4 digits of Social Security #_____

**Race:**
☐ White
☐ Black
☐ American Indian/Alaska Native
☐ Asian or Pacific Islander

**Ethnicity:**
☐ Hispanic
☐ Non-Hispanic

***Do you require any modifications or accommodations to fully utilize the unit or the program and its services?***
☐ Yes ☐ No If yes, explain:

**What is your present address?**

_____
Street City State Zip

_____
Home Tel. ( ) Business Tel. ( ) Cell # ( )

**Email Address** (required)**:** _____

**If we were unable to reach you, who could we contact locally?** _____ _____
Name Tel. #

| | |
|---|---|
| **Handicapped/Disabled?** ☐ **Yes** ☐ **No** | **Veteran?** ☐ **Yes** ☐ **No** |
| **Currently living in Ocean City?** ☐ **Yes** ☐ **No** | **Currently working in Ocean City?** ☐ **Yes** ☐ **No** |

**Household member:** *List the legal names of all household members below. Start with the head of household, then spouse or co-head.*

| No. | Legal Name | Sex (M/F) | Relationship to head of household | DOB | HOUSEHOLD GROSS Annual Income (Monthly x12 months) | Source of Income |
|---|---|---|---|---|---|---|
| 1 | | | HEAD | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| | | | | **TOTAL HOUSEHOLD INCOME** | **$**_____ | |

I certify that the information provided herein is true and complete to the best of my knowledge and that any misrepresentation of income or household size herein shall be cause for program disqualification. If any information provided on this pre-application changes, I agree to notify the Vineland Housing Authority immediately.

It is the responsibility of each applicant to notify the Vineland Housing Authority, 191 W Chestnut St, Vineland NJ 08360, **in writing**, each time you change your address. The Post Office provides a "Change of Address Form" with free mailing privilege for local mailing. This form should be used to notify the Authority office.

Failure to keep this office informed of all changes of address will prevent us from contacting applicants by mail and will leave us no alternative but to remove your application from the waiting list. In the event this happens, it will be necessary for you to file a new application effective the date you resubmit it to this office.

**Applications MUST be mailed to Vineland Housing Authority, 191 W Chestnut St, Vineland, NJ 08360. Hand-delivered applications will not be accepted. Please contact our office if you require a reasonable accommodation.**

Signature of Head of Household

Name _____ Date _____

**PUBLIC NOTICE**

The Vineland Housing Authority is opening the waiting lists for **0, 1, 2, 3, & 4 bedroom Rental Assistance Demonstration (RAD) units located in Ocean City, New Jersey.** These lists will open on Monday, November 9th, 2026, and they will remain open until Tuesday, December 8th, 2026.

This is Federally Subsidized Project-Based Voucher Assisted Housing designated for low-income individuals. **0 & 1 bedroom RAD** units are designated specifically for low-income individuals who are elderly (62+) or persons with a disability or a handicap.

**THIS IS NOT FOR THE SECTION 8 VOUCHER PROGRAM.**

Applications may be downloaded online by visiting www.vha.org.
Applications may also be obtained at the following locations:

**Vineland Housing Authority**
191 W. Chestnut Ave, Vineland, NJ 08360

**Ocean City Housing Authority**
635 West Avenue OFC, Ocean City, NJ 08226

For reasonable accommodation requests, please call our office at 856-691-4099.