



Hudson County Housing Resource Center

830 Bergen Avenue • Jersey City • NJ • 07306

Joan Michaelson
President

Tel: (201) 795-5615
Fax: (201) 795-1091
www.hudsonhrc.org

PRELIMINARY APPLICATION

Dear Affordable Housing Applicant:

Thank you for inquiring about affordable housing with Hudson County Housing Resource Center. We currently administer 8 income-restricted affordable housing units in West New York, New Jersey. However, we receive a greater number of applications than there are units available, so placement in a unit is often not immediate resulting in a wait list.

In order to be eligible for an affordable housing unit, you must meet certain income limits as determined by the U.S. Department of Housing and Urban Development (HUD), State of New Jersey. The income limits for 2022 are listed below. Additionally, there are set occupancy limits for units.

Number of persons in household	Minimum Annual Income 50% of AMI	Maximum Annual Income 60% of AMI
1	\$40,250	\$48,300
2	\$46,000	\$55,200
3	\$51,750	\$62,100
4	\$57,450	\$68,940

Number of Bedrooms	Maximum Occupancy
1	2
2	4

Number of Bedrooms	2022 Low Rent Limit	2022 High Rent Limit
1	\$1,078	\$1,293
2	\$1,381	\$1,659

If you believe you fall within these income limits, fill out and submit this preliminary application to our office. If we approve your preliminary application, you will be placed in our applicant pool of eligible applicants. When a unit becomes available, we will contact the next person on the list. If you are the first person selected, you will be invited to view the unit to see if you are interested. If you are interested, you will be required to submit all necessary documentation and income verification. If you do not meet all certification criteria, you will be removed from our list and must reapply when, and if, you meet the income requirements. If you are not interested in the unit, we will remove your name from the list.

Please remember that all applications and documents are held in the strictest confidence.

If you have any further questions please contact us at 551-256-9421.

Preliminary Application for Affordable Housing

PLEASE PRINT CLEARLY

Applicant Name Head of household	
Current Address Street City, St & Zip	
Telephone #	
Email Address	
Number of individuals in household	Adults: _____ Children: _____
Desired unit size	<input type="checkbox"/> One-Bedroom <input type="checkbox"/> Two-Bedroom

People who will be part of my household in the housing for which I am applying:				
Name	Relationship to Applicant	Sex	Age	Annual Income
Applicant	Self			

Total Household Income: _____

Signed: _____

Date: _____