

# HOUSING CHOICE VOUCHER PROGRAM

## Administrative Plan – Appendix A

### Administrative Exhibits



State of New Jersey  
Department of Community Affairs  
Division of Housing and Community Resources

State Fiscal Year 2020  
(July 1, 2020 – June 30, 2021)



<http://www.nj.gov/dca/divisions/dhcr/>

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State of New Jersey Department of  
Law and Public Safety Division of  
Law  
Banking, Insurance and Public Securities Section  
Richard J. Hughes Justice Complex  
CN 112  
Trenton, NJ 08625

April 21, 1988

U.S. Department of Housing  
and Urban Development  
Newark Area Office  
Gateway 1, Raymond Plaza  
Newark, New Jersey 07102  
Attn: Area Office Director

Re: Certification of Department of Community Affairs, Division  
of Housing and Urban Renewal, as a Public Housing Agency

Dear Sir/Madam:

The following is a brief review of the Department of Community Affairs's qualification as a "public housing agency" and its authorization to participate in the Section 8 Housing Assistance Program.

The State Housing Authority was created in 1933 as a result of the Public Housing Law, N.J.S.A. 55:15-1 et seq. As part of its enabling legislation, it was authorized to have state-wide responsibility for the acquisition, demolition, reconstruction and construction of public housing. N.J.S.A. 55:15-2,3 and 10. In 1944 the Authority was abolished but its respective functions, powers and duties devolved upon the Department of Economic Development. N.J.S.A. 52:27C-5. The devolution makes clear the Department of Economic Development succeeded to all of the powers of the Authority. N.J.S.A. 52:27C-18d. In addition, however, a Public Housing and Development Authority was specifically created within the Department. N.J.S.A. 52:27C-22. This "new" Authority was given additional powers including the power to apply for federal grants, acquire property by any lawful means and provide rental assistance grants.

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Page 2

N.J.S.A. 52:27C-24. It was also specifically authorized to maintain and operate housing projects it was involved with. N.J.S.A. 52:27C-25.

In 1948 the Public Housing and Development Authority was transferred "intact" to the Department of Conservation and Economic Development. N.J.S.A. 13:1B-6. Shortly thereafter, by virtue of the State Housing Law of 1949, N.J.S.A. 55:14H7 et seq., the Authority's power to apply for grants, acquire property and administer housing projects was again greatly expanded. N.J.S.A. 55:14H-8, 9 and 10. Finally, in 1966 the Authority was continued as a body politic, but transferred to the Department of Community Affairs then being created, with its functions, powers and duties exercisable by the Commissioner of Community Affairs through the Division of Housing and Urban Renewal in that Department. N.J.S.A. 52:27D-22. Instructively, at that time the Department and Division and Commissioner were specifically authorized to apply for and accept grants from the federal government, in order to accomplish the purposes of the Department, and concomitantly, the Authority. N.J.S.A. 52:27D-10.

In light of the legislative history of the Public Housing and Development Authority and the rather specific powers granted to it to construct, administer and subsidize housing on a state-wide basis, it is my considered legal opinion that the Department, through the Division of Housing and Urban Renewal, qualifies as a "Public Housing Agency" within the meaning of Section 8 of the Housing Act of 1937, as amended by the Housing and Community Development Act of 1974, 42 U.S.C.A. 1437f(b)(1); as well as within the meaning of 24 C.F.R. 883.103. It is also abundantly clear that the Department is legally qualified and authorized to participate in the Section 8 Housing Assistance Payments Program.

Very truly yours,

W. Cary Edwards  
Attorney General of New Jersey

By: /s/  
Eliaser Chaparro  
Deputy Attorney General

## Statement of Commitment to the Goal of Affirmatively Furthering Fair Housing

Equal housing opportunity for all persons, regardless of race, color, national origin, religion, age, sex, familial status, marital status, or disability, is a fundamental policy of the Department of Community Affairs (DCA). The DCA is committed to ensuring that all of its housing programs comply fully with all state and federal fair housing laws. The DCA will comply with the requirements of 24 C.F.R. §903.7 (o), *Civil rights certification*, to affirmatively further fair housing by examining its programs and proposed programs in order to identify any impediments to fair housing choice. Any impediments identified will be addressed in a reasonable fashion in view of the resources available. The DCA will also work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the DCA's involvement. The DCA will maintain records reflecting these analyses and actions.

Moreover, the DCA will implement the following proactive steps in addressing accessibility problems for persons with disabilities at an individual's request: (1) The program will assist applicants and participants gain access to supportive services available within the community (*but will not require eligible applicants or participants to accept such supportive services as a condition of continued participation in the program*); (2) In accordance with rent reasonableness requirements, the program will approve higher rents to property owners that provide accessible units with structural modifications for person with disabilities; and (3) The program will provide referrals of local Fair Housing and Equal Opportunity Offices to owners interested in making reasonable accommodations or units accessible to person with disabilities.

In addition, the DCA administers all housing assistance programs in a manner to affirmatively further fair housing by:

- Designing the field offices so that they are accessible to persons with disabilities.
- Providing translators to assist clients who are not proficient in English understand the program requirements and related documents.
- Providing all program applicants with fair housing information at their initial briefing including guidance on how to find a safe and affordable unit, and information about leasing provisions that are prohibited under the law.
- Collaborating with local Continuums of Care. Through this collaboration, the members of our staff become more aware of support services in the communities that may be accessed by disabled or non-disabled program applicants and participants. Such support services could include providing housing search assistance, and/or identifying public or private funding sources to assist persons with disabilities to cover the cost of accessibility features that are needed.

## EXHIBIT 1-2

- Permitting program participants the opportunity to migrate from one housing program administered by the DCA to another housing program.
- Conducting data analysis reviews with the Lead Hazard Control Unit to identify housing problems for families with young children because of the presence of lead-based paint in housing built before 1978.
- Publishing waiting list opening notices (in English and Spanish) online on the DCA's website (<http://www.nj.gov/dca/>), in a local newspaper of general circulation, and by minority media and other suitable means.
- Providing applicants and participants with information detailing what actions or non-actions would initiate a complaint and providing literature detailing how to file a complaint with the Fair Housing Complaint Department. (The toll free number to report complaints is 1-800-669- 9777. Persons with hearing or speech impairments should contact the Federal Information Relay Service number, which can be accessed via TTY by calling 1-800-887-8339.)
- Operating a voluntary housing counseling program to expand housing opportunity. This program will offer participants additional assistance in finding units in areas of higher opportunity across the state that are defined based on characteristics such as income, quality of education, employment opportunity, accessibility and other demographic measures.



State of New Jersey Department of  
Community Affairs Field Office  
Address  
City, State, Zip Code

**Notice of Placement on the Waiting List**

<<Today's Date>>

<<Applicant Full Name>>

<<Applicant Address>>

<<Applicant CSZ>>

Dear <<Applicant Salutation>>:

I am pleased to inform you that you are eligible for assistance and have been placed on the <<Waiting List Name>> waitinglist.

Should your address or the size of your family change, you must contact this office to maintain your eligibility.

Sincerely,

Applicant Services

**This notification will be e-mailed to applicants unless a request is made for delivery by regular mail.**

State of New Jersey Department of  
Community Affairs Field Office  
Address  
City, State, Zip Code

**Notice of Removal from the Waiting List**

<<Today's Date>>

<<Applicant Full Name>>

<<Applicant Address>>

<<Applicant CSZ>>

Dear <<Applicant Salutation>>:

A review of your application for housing assistance indicates that you are no longer eligible for placement on the waiting list for the reason marked below:

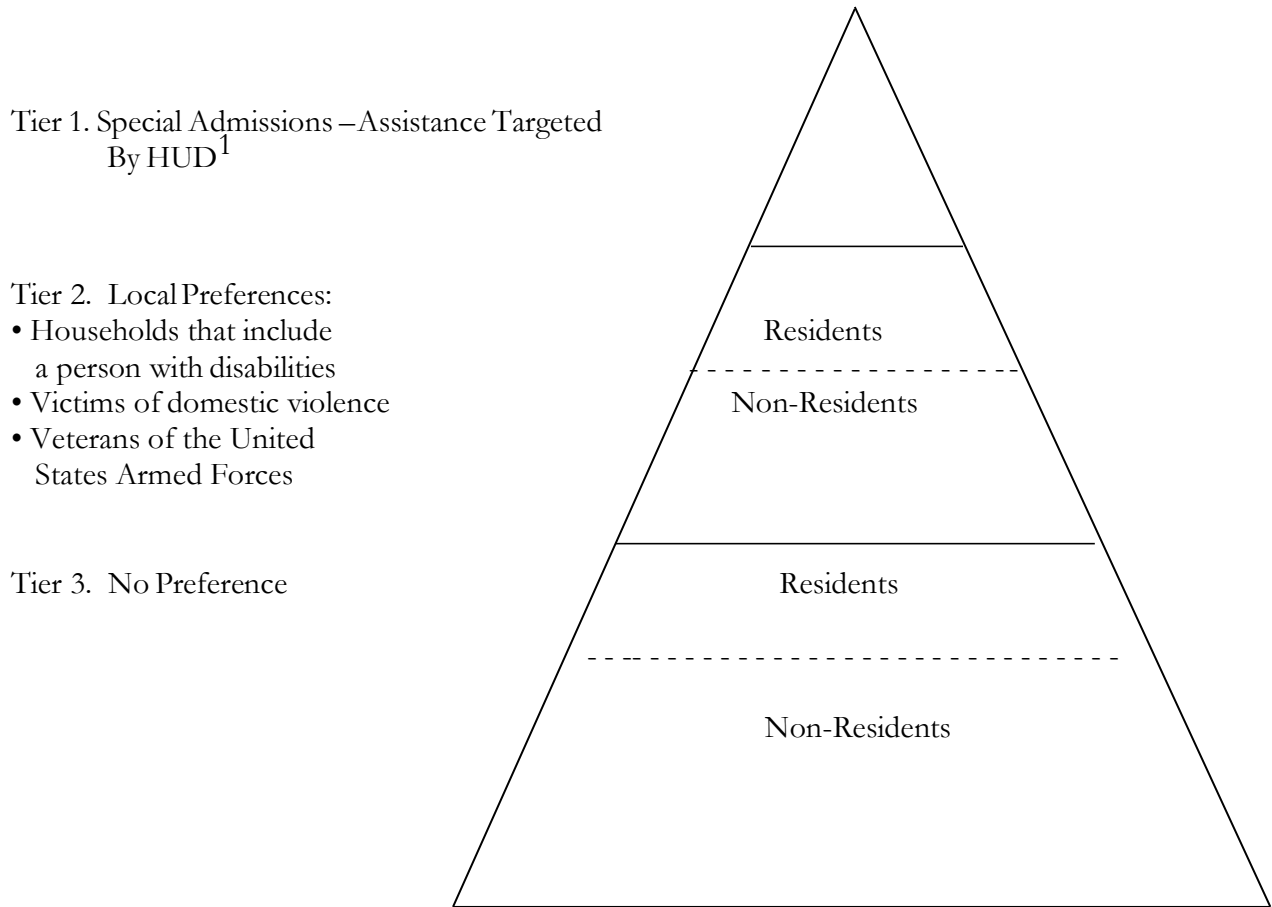
- We received duplicate applications for the same county; therefore, one is being removed.
- We received written documentation from you that you are no longer interested.
- We did not receive a response to our request for information.
- Our request for information mailed to your address was returned "undeliverable."
- Your annual income exceeds the income limit established by the U.S. Department of Housing and Urban Development.
- You are no longer eligible because \_\_\_\_\_
- You, or a household member, have violated program regulations, specifically: \_\_\_\_\_

If you have evidence that this determination is incorrect, you may request an informal review in writing within twenty days from the date of this notice to: Applicant Services Unit, P.O. Box 051, Trenton, NJ 08625-0051.

Sincerely,

Applicant Services

**ILLUSTRATION OF THE DCA'S APPLICANT SELECTION POLICY**



Tier 1. Special Admissions – Assistance Targeted By HUD<sup>1</sup>

- Tier 2. Local Preferences:
- Households that include a person with disabilities
  - Victims of domestic violence
  - Veterans of the United States Armed Forces

Tier 3. No Preference

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<sup>1</sup> The DCA will select a household that is not included on the waiting list, or without considering the household's waiting list position, if HUD awards the program funding that is targeted for households living in specified units.

### **Verification Standards for the Local Preferences**

All documents received to verify a local preference must be dated and current. To be considered “current” a document must not be dated more than sixty (60) days before the issuance date of a Voucher to an applicant household. All certifications from a third party (including facsimile transmissions) must be on the agency’s letterhead, dated and signed by the appropriate representative of the agency. If verifications are more than sixty (60) days old before a Voucher is issued, new written verifications must be obtained.

#### **Households That Include a Person with Disabilities**

1. Documentation from the Social Security Administration that a member of the household is a disabled person who is receiving Social Security Disability or Supplemental Security Income benefits; or
2. Certification from a physician, on a Certification of Disability form (EXHIBIT 5-3), that a member of the household is a person with disabilities.

#### **Victims of Domestic Violence**

Official correspondence from a social services agency, the local police department, a court of competent jurisdiction, a clergyman, a physician, or a public or private facility that provides shelter or counseling to victims of domestic violence that the applicant:

1. Is currently living in a housing unit in which a member of the household engages in such violence. The actual or threatened violence must be of a continuing nature or have occurred within the past 120 days; or
2. The applicant has been displaced because of domestic violence and is not currently residing in standard, permanent replacement housing.

## **Veteran of the United States Armed Forces**

Only veterans discharged or released from active duty in the armed forces under honorable conditions are eligible for veterans' preference. This means you must have been discharged under an honorable or general discharge.

If you are a "retired member of the armed forces" you are not included in the definition of preference eligible unless you are a disabled veteran OR you retired below the rank of major or its equivalent.

To qualify for Veterans Preference, the Veteran must have served on active duty during a qualifying war era. Following documents will be needed to prove this service occurred:

- WD Form 53-55 or DD Form 214
- Honorable Discharge Certificate
- Additional documents as needed

*The surviving spouse of a Veteran* who died outside of service is entitled to the same preference as the Veteran, up until they remarry.

## **Qualifying War Era Service Dates**

The amount of active duty service required to qualify for Veterans Preference varies by war era.

Regardless of war era, active duty service accrued during the following Reserve or National Guard training obligations does NOT count towards the Veterans Preference active duty requirement:

Basic Training

Advanced Training

Officer Candidate School

Weekend Drills

## Annual Training

To qualify for Veterans Preference, the following war eras require at least 90 days of active duty service, begun within the specified windows:

### **World War II**

September 16, 1940 to December 31, 1946

*(including Merchant Marine Personnel)*

### **Korean Conflict**

June 23, 1950 to January 31, 1955

### **Vietnam Conflict**

December 31, 1960 to May 7, 1975

To qualify for Veterans Preference, the following war eras require:

At least 14 days of active duty service begun within the specified window OR at least 1 day of active duty service begun within the specified window and received a service incurred injury or disability

The service was in the geographic area or on a ship patrolling the territorial water of the nation (or in airspace over it, in the case of Bosnia/Herzegovina)

### **Lebanon Crisis**

July 1, 1958 to November 1, 1958

### **Lebanon Peacekeeping Mission**

September 26, 1982 to December 1, 1987

### **Grenada**

October 23, 1983 to November 21, 1983

### **Panama**

December 20, 1989 to January 31, 1990

### **Operation Desert Shield/Desert Storm**

December 20, 1989 to January 31, 1990

## **Operations Southern and Northern Watch**

August 27, 1992 to current

### **Somalia**

December 5, 1992 to March 31, 1994

### **Bosnia and Herzegovina**

November 20, 1995 to December 20, 1998

### **Haiti**

September 19, 1994 to March 31, 1995

## **Operation Enduring Freedom**

September 11, 2001 to current

## **Operation Iraqi Freedom**

March 19, 2003 to current

New Jersey Department of Community Affairs  
Division of Housing and Community Resources

**CERTIFICATION OF DISABILITY**

RE: \_\_\_\_\_  
(Name of person claiming disability)

The above-named person is a member of a household that has applied to participate in a federally assisted housing program administered by the New Jersey Department of Community Affairs. To determine program eligibility, we must verify whether he or she is a "person with disabilities" as defined by the U.S. Department of Housing and Urban Development.

As defined on page i of the Family Report form HUD-50058 (6/2004), a person with disabilities has one or more of the following:

- (a) A disability as defined in Section 223 of the Social Security Act;
- (b) A physical, mental, or emotional impairment which is expected to be of long-continued and indefinite duration, substantially impedes his or her ability to live independently, and is of such a nature that such ability could be improved by more suitable housing conditions; or
- (c) A developmental disability as defined in Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act.

**PHYSICIAN'S CERTIFICATION**

I certify that the above referenced person:

- Is a person with disabilities; or
- Is **not** a person with disabilities.

Physician's Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Date of Signature \_\_\_\_\_



State of New Jersey Department of  
Community Affairs Field Office  
Address  
City, State, Zip Code

**Notice of Change in Preference**

<<Today's Date>>

<<Applicant Full Name>>

<<Applicant Address>>

<<Applicant CSZ>>

Dear <<Applicant Salutation>>:

The Housing Choice Voucher Program has performed a review of your *Application for Housing Assistance*, and any supporting documentation. It was determined that your household's current circumstances required a change in your position on the waiting list.

Your household's *Application for Housing Assistance* remains on the <<Agency>> County waiting list, but your position on the waiting list has been downgraded because (specify the reason why the applicant's claim of a local preference was denied).

If you believe that this determination is incorrect, an informal review may be requested by writing within twenty days of the date of this letter. Your request must be sent to:

Housing Choice Voucher Program Regional Supervisor  
Division of Housing and Community Resources  
<<Field Office Address>>  
<<City, State, Zip Code>>

Sincerely,

<<User Name>>

### Disclosure and Verification of Social Security Numbers

The documentation necessary to verify the Social Security Number (SSN) of an individual who is required to disclose his or her SSN includes:

1. An original SSN card issued by the Social Security Administration (SSA);
2. An original SSA-issued document which contains the name and SSN of the individual; or
3. An original document issued by a federal, state, or local government agency which contains the name and SSN of the individual.

In accordance with 24 C.F.R. §5.216, *Disclosure and verification of Social Security and Employer Identification Numbers*, these requirements apply to assistance applicants and program participants<sup>2</sup>.

**Applicants** – Each member of the applicant’s household, regardless of age, must disclose and verify their SSN when the applicant’s eligibility to participate in the program is being determined. A household on the waiting list will not be provided housing assistance until such time as all household members have disclosed and verified a valid SSN. However, if the household is otherwise eligible to participate in the program, the household may maintain their position on the waiting list for no more than 90 days to provide each member of the applicant household with an opportunity to comply with the SSN disclosure and documentation requirements.

**Participants** – Each member of the household (except those age 62 or older as of January 31, 2010, whose initial determination of eligibility was begun before January 31, 2010) must disclose and verify their SSN if the member has:

- Not previously disclosed a SSN;
- Previously disclosed an invalid SSN; or
- Been issued a new SSN.

Each member of the household subject to the disclosure requirements must disclose and verify their SSN at the next interim or annual reexamination of income and household composition.

**Addition of a New Household Member** – When a program participant requests to add a new household member who is at least 6 years of age, or is under the age of 6 and has an assigned SSN, the participant must disclose and verify the new member’s SSN at the time of the request, or at the time of processing the interim or annual reexamination of household composition that includes the new member.

When a program participant requests to add a new household member who is under the age of 6 and has not been assigned a SSN, the participant is required to disclose and verify the child’s SSN within 90 calendar days of the child being added to the household. The program may grant an extension of one additional 90-day period if the program, in its discretion, determines that the participant’s failure to comply was because of circumstances that could not have reasonably been foreseen and were outside the control of the participant.

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<sup>2</sup> Individuals who do not contend eligible immigration status are exempt from the requirement to disclose a SSN.

### **Guidelines for Submission of Notice to the Landlord by a Program Participant**

The household must provide written notice to their landlord regarding their intention to vacate the landlord's unit before moving from the assisted housing unit.

The notice must specify the household's final day of occupancy. (The last day of occupancy must be the last day of a month.)

The household is responsible for insuring that their landlord receives the written notice within the time period specified in their lease agreement.

A copy of the written notice that the household provides to the landlord must be mailed to the program on the same day that the notice is given to the landlord.

It is recommended that the notice to the landlord be sent certified mail return receipt requested so that the household has evidence of complying with the notice requirement of their lease agreement. The program will also verify with the landlord that he or she received the notice and that the household has not violated any other provisions of their lease agreement.

Under New Jersey law, a termination of tenancy notice from the owner to the tenant is not good cause for eviction. Assistance will continue if the tenant decides to remain in the housing unit.

### **Sample Notice by Tenant to Terminate Lease Agreement**

I, <<Head of Household>>, the tenant, hereby give notice to <<Owner Name>>, the landlord, of my household's intention to vacate the assisted housing unit located at <<Unit Address>> owing no rent. The final day of our occupancy will be the last day of \_\_\_\_\_, 20\_\_\_\_, and the unit will be free of damages beyond normal wear and tear.

\_\_\_\_\_  
Tenant's Name (print)

\_\_\_\_\_  
Tenant's Signature

\_\_\_\_\_  
Date

State of New Jersey Department of  
Community Affairs Field Office  
Address  
City, State, Zip Code

**Notice of Extension of Voucher**

<<Today's Date>>

Dear <<Applicant Full Name>>:

I have received your written request for an extension of your Voucher.

Your request for an extension has been approved and the expiration date of your Voucher is now <<Date>>. This means that you must give the program a *Request for Tenancy Approval* form signed by you and the owner of suitable housing by the date specified above.

Until the expiration date on the Voucher issued to you can be amended, it is recommended that you keep this letter in a safe place with your other important papers and documents.

Should you have any questions regarding this notice, please do not hesitate to call my office at <<PHA Phone>>.

Sincerely,

Program Representative

cc: case file

State of New Jersey Department of  
Community Affairs Field Office  
Address  
City, State, Zip Code

**Notice of Expiration of Voucher**

<<Today's Date>>

Dear <<Applicant Full Name>>:

Please be advised that the period of time you have to locate housing that is eligible for assistance under the Housing Choice Voucher Program will expire on <<Date>>. This is at least sixty days from the date your Voucher was issued.

It has been determined that there will be no extension of your housing search period. Therefore, if the program has not received a *Request For Tenancy Approval* form by the expiration date, your Voucher will expire. Should you be unsuccessful in locating housing, you may submit a new *Application For Housing Assistance* if the program is accepting applications.

Please do not hesitate to call my office at <<PHA Phone>> if you have any questions regarding this notice.

■

Sincerely,

Program Representative

cc: case file

**Notice of  
Disapproval**

Dear Mr./Ms. XXXXXXXXXX:

This is a written acknowledgment that the *Request for Tenancy Approval* form that you submitted for the rental unit located at \_\_\_\_\_ was received on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

As indicated below, this *Request for Tenancy Approval* has been disapproved for the following reason(s):

1. The <i>Request for Tenancy Approval</i> was received after the expiration date of your Voucher.	6. The <i>Request for Tenancy Approval</i> has a requested beginning date for the lease (Item #3) that is more than 30 days beyond the expiration date of your Voucher.
2. You did not sign the <i>Request for Tenancy Approval</i> form.	7. The proposed unit does not meet the program's housing quality standards. A copy of our program's inspection report is attached.
3. The owner of the proposed rental unit did not sign the <i>Request for Tenancy Approval</i> form.	8. The tenant-paid utilities are not separately metered.
4. A copy of the owner's proposed lease was not attached.	9. If the initial gross rent for a unit exceeds the payment standard, the family share must not exceed 40 percent of the family's adjusted monthly income.
5. The <i>Request for Tenancy Approval</i> does not have a requested beginning date of the lease.	10. Other _____ _____

You are advised that your Voucher will expire on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_. Any subsequent *Request for Tenancy Approval* that you submit to this agency, for the rental unit identified above or any other rental unit must be received no later than this date to be considered.

Sincerely,

Program Representative

cc: Owner

EXHIBIT 9-2

**Preliminary Estimate of Family Contribution  
And Housing Assistance Payment**

<<Today's Date>>

Head of Household  
Mailing Address  
City, State and Zip Code

Dear Mr./Ms. XXXXXXXXXXX:

Effective on (Date)\_\_\_\_\_, your portion of the rent is estimated to be \$\_\_\_\_\_. You will receive a final written determination of your contribution from our Payment Auditing Section in Trenton.

This estimate is for a:

- New Admission
- Annual Reexamination
- Interim Reexamination
- Portability Move-in

Rent to Owner	<<Contract Rent>>
Housing assistance payment to the Owner	<<HAP>>
Amount of rent you pay to the Owner	<<Tenant Rent>>

Please contact this office at <<PHA Phone>> if you have any questions regarding this estimate.

Sincerely,

Program Representative

cc: Owner  
Tenant File

State of New Jersey Department of  
Community Affairs Field Office  
Address  
City, State, Zip Code

**Notice of Housing Assistance Payment and Family Contribution**

<<Today's Date>>

<<Tenant Mailing Address>>

Re: Housing Assistance Payments Contract Number <<Tenant ID>>

Dear <<Tenant Full Name>>:

The Housing Assistance Program has determined your contribution and the Housing Assistance Payment to the Owner for the housing unit located at <<Unit Address>>.

Total monthly rent: \$<<Contract Rent>>

Amount of housing assistance the program pays to the Owner: \$<<HAP>>

Amount of rent you pay to the Owner: \$<<Tenant Rent>>

Additional payment to you for utilities: \$<<Utility Reimbursement>>

These payments are effective from <<Effective Date>> and will continue until <<Lease Date End>> unless the program authorizes an adjustment or the Housing Assistance Payments Contract is cancelled.

If you have any questions please contact <<User Name>> at <<PHA Phone>>.

cc: <<Owner Name>>  
<<Owner Address>>  
<<Owner CSZ>>



**Request for HUD Approval of Exception Payment Standard Amount**

Pursuant to 24 C.F.R. §982.503 of the federal regulations, a higher payment standard amount within the upper range (between 110 percent and 120 percent of the published FMR) is requested as a reasonable accommodation for the following household that includes a person with disabilities:

Head of Household Name \_\_\_\_\_

The household is:  A Voucher holder, or Unit address: \_\_\_\_\_  
 A program participant \_\_\_\_\_

Unit Size \_\_\_\_\_ Voucher Size \_\_\_\_\_ Number of Household Members \_\_\_\_\_

	<u>Current</u>	<u>Proposed</u>
Rent to Owner	\$ _____	\$ _____
Utility Allowance	\$ _____	\$ _____
Gross Rent of Unit	\$ _____	\$ _____

Requested beginning date of lease \_\_\_\_\_ Proposed Payment Standard \_\_\_\_\_

Does the family currently reside in the unit? Yes  No  Monthly Adjusted Income \$ \_\_\_\_\_

Describe the unique needs of the household that are met by this unit: \_\_\_\_\_

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

I certify that the requested gross rent for the subject unit is reasonable and that the unit cannot be rented for less.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Field Office Supervisor

Pursuant to 24 C.F.R. §982.503 of the federal regulations, the requested higher payment standard amount for the household listed above is approved.

Signature \_\_\_\_\_  
Director, Office of Public Housing

Date \_\_\_\_\_

**Notice of Termination of Housing Assistance Payments Contract**

<<Today's Date>>

<<Owner Name>>  
<<Owner Address>>  
<<Owner CSZ>>

RE: <<Tenant Full Name>>  
<<Tenant ID>>

Dear <<Owner Salutation>>:

Please be advised that the Housing Assistance Payments Contract negotiated on behalf of <<Tenant Full Name>>, for the unit located at <<Unit Address>>, has been cancelled effective <<Termination Date>> in accordance with program regulations.

Therefore, the program will no longer make housing assistance payments for this dwelling unit after the date specified above.

Should you require any additional information, please contact your program representative at <<PHA Phone>>.

Sincerely,

Housing Assistance Element

cc: <<Tenant Mailing Address>>

**Notice of Reexamination Appointment**

<<Today's Date>>

<<Tenant Full Name>>  
<<Tenant Address>>  
<<Tenant CSZ>>

Dear <<Tenant Full Name>>:

Housing assistance provided to you at your current address is scheduled to terminate on <<Recert Date>> unless the information in your file is updated. If you wish to have your housing assistance continued, you and all members of your household age 18 and over must complete each of the enclosed forms as follows:

1. Authorization for the Release of Information. This form must be signed by you and all persons age 18 and over who will reside in the assisted unit.
2. Tenant Information Form. This form must be completed and signed by you. All current income information (wages, Social Security, bank accounts etc.) for all persons who will reside in the assisted unit must be provided as well as any documentation for medical or child care expenses, if applicable.

In addition, you must provide, if you have not done so already, Social Security cards and birth certificates for all members of your household. Please have these documents, and any other requested documents with you at your recertification appointment. We have scheduled your recertification appointment at our office for the following date and time:

Appointment Date: <<Appointment Date>> Appointment Time: <<Appointment Time>>

If you are unable to keep this appointment you must notify us immediately at <<PHA Phone>> so we can reschedule. Failure to keep this appointment for any reason may result in the termination of your housing assistance.

Sincerely,

<<User Name>>

## INTERIM REEXAMINATION POLICY

Pursuant to program regulations, a participant may request an interim reexamination of household income or composition because of any changes since the last determination by the program. Verification rules are the same as those used for annual reexaminations, except only those factors that changed will need to be verified at an interim reexamination. (The program does not apply a new payment standard amount for interim reexaminations.)

The policy of the DCA to make a change in the tenant rent to owner because of an interim reexamination is as follows:

### **Increasing the Tenant Rent to Owner**

The DCA will increase the tenant rent to owner only under the following circumstances:

- The household reports that a member of the household is now receiving income from a new income source; or
- The household reports an increase in their total annual income that is equal to or greater than 10 percent of the household's current annual income.
- The household reports a new household member who has income that must be included in the family's total annual income.

**All changes in income must be reported to the field office, in writing, within ten (10) days. Such changes must be reported within ten (10) days of the commencement of employment or training period, not when the first paycheck is received.**

### **Decreasing the Tenant Rent to Owner**

The DCA will decrease the tenant rent to owner if the household requests an interim reexamination of household income or composition and the reexamination of the household's current circumstances corroborates that a reduction in the tenant rent to owner would result.

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Note: Documentation of the household's current circumstances must meet the DCA's verification requirements (see Appendix A-1).

Note: A participant in the Family Self-Sufficiency Program who receives an increase in wages may request an interim reexamination to establish an escrow account or to increase an existing escrow account.

State of New Jersey Department of  
Community Affairs Field Office  
Address  
City, State, Zip Code

**Notice of Suspension of Housing Assistance Payments**

<<Today's Date>>

<<Tenant Full Name>>  
<<Tenant Address>>  
<<Tenant CSZ>>

Dear <<Tenant Full Name>>:

**The Housing Assistance Program has determined that you have breached your Housing Assistance Payments Contract with the program because you have failed to maintain the assisted unit in accordance with the housing quality standards.**

Unit Address: <<Unit Address>>  
<<Unit CSZ>>  
Tenant Name: <<Tenant Full Name>>

The suspension of housing assistance payments is effective on: <<Effective Date>>.

Housing assistance payments will be suspended until such time as the program verifies that you have taken the proper corrective actions. Resumption of housing assistance payments will only be for the time period after corrective action has been completed and verified. If you require additional information, please contact our office at <<PHA Phone>>.

Sincerely,

<<Inspector>>

<<Tenant Mailing>>

cc: <<Owner Name>>  
<<Owner Address>>  
<<Owner CSZ>>

**Request for Portability**

**Part I. To Be Completed By the Head of Household (Please Print)**

Name \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number: Home \_\_\_\_\_ Work \_\_\_\_\_

Complete the following regarding the jurisdiction you want to move to:

Municipality \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_

Name of Public Housing Authority \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Name of the Portability Officer \_\_\_\_\_

Signature of the Head of Household \_\_\_\_\_

**Part II. To Be Completed By the DCA Field Office Supervisor**

Voucher Number \_\_\_\_\_

The household is:

- A Voucher holder; or
- A program participant in good standing.

If a Voucher holder, I have verified that the applicant household is income eligible in the receiving PHA's jurisdiction.

If a program participant, the HAP Contract termination date is: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

State of New Jersey  
Department of Community Affairs Division of  
Housing and Community Resources Field Office  
Address  
City, State and Zip Code

<<Today's Date>>

Name  
Address  
City, State, Zip Code

Dear Mr./Ms. \_\_\_\_\_:

Our office has received your request to move to the jurisdiction of this agency. Before we can proceed with the transfer, however, we must schedule a program briefing. This briefing ensures you that you have the information and the materials that are required by the Housing Choice Voucher Program regulations. Your attendance is mandatory and lease negotiations will not begin until you have had the benefit of a program briefing.

Please follow the instructions for the item that is checked:

- 1. Please contact your program representative, \_\_\_\_\_, at <<PHA Phone>> to schedule your program briefing.
- 2. Your program briefing is scheduled for \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_ a.m./p.m. at our office, which is located at the above address.
- 3. A program representative will contact you to schedule you for a program briefing.

If item 1 or item 2 is checked, please contact this office at <<PHA Phone>> to schedule your program briefing or to confirm your attendance at a scheduled program briefing. If you do not contact this office by \_\_\_\_\_, we will assume that your household is no longer interested in transferring to the jurisdiction of this office and your file will be returned to the initial public housing agency.

Sincerely,

Field Office Supervisor



State of New Jersey Department of  
Community Affairs Field Office  
Address  
City, State, Zip Code

**Inspection Notification Letter**

<<Today's Date>>

<<Tenant Name>>  
<<Tenant Mailing Address>>  
<<Tenant CSZ>>

<<Dear Tenant Full Name>>:

Under federal regulations, all housing units occupied by families receiving rental assistance must be inspected at least once a year. An inspection of the housing unit you currently occupy is scheduled as follows:

Date: <<Inspect Date>>

Time: <<Inspect Time>>

Unit: <<Unit Address>>  
<<Unit CSZ>>

If you cannot be present on the inspection date, you must call <<Inspector>> at <<PHA Phone>> and arrange for an alternative inspection date.

cc: <<Owner Name>>  
<<Owner Address>>  
<<Owner CSZ>>

State of New Jersey Department of  
Community Affairs Field Office  
Address  
City, State, Zip Code

**Notice of Suspension of Housing Assistance Payments Contract**

<<Today's Date>>

<<Owner Name>>  
<<Owner Address>>  
<<Owner CSZ>>

Dear <<Owner Name>>:

The Housing Assistance Program has determined that you have breached your Housing Assistance Payments Contract with the program because you have failed to maintain the assisted unit in accordance with the housing quality standards.

Unit Address: <<Unit Address>>  
<<Unit CSZ>>

Tenant Name: <<Tenant Full Name>>

The suspension of housing assistance payments is effective on: <<Effective Date>>.

Housing assistance payments will be suspended until the program verifies that you have taken the proper corrective actions. Resumption of housing assistance payments will only be for the time period after corrective action has been completed and verified.

If you require additional information, please contact our office at <<PHA Phone>>.

Sincerely,

<<User Name>>

Copy to: <<Tenant Mailing>>

State of New Jersey Department of  
Community Affairs Field Office  
Address  
City, State, Zip Code

**Inspection Fail Notice**

<<Today's Date>>

<<Owner Name>>  
<<Owner Address>>  
<<Owner CSZ>>

Dear <<Owner Name>>:

On <<Inspect Date>>, this office conducted an inspection of your dwelling unit located at <<Unit Address>> in <<Unit City>> occupied by <<Tenant Name>>. We have determined that the following corrective action is required to place this dwelling unit in compliance with the federal housing quality standards (HQS):

(See attached inspection report)

The above repairs must be completed within 30 calendar days of the date of this letter. Repairs must be completed no later than << Today's Date Plus 30>>. Please sign and return to the above address as soon as the repairs are completed. A reinspection will be set up upon receipt of this letter signed by you acknowledging that all repairs have been completed. Failure to complete these repairs will result in the housing assistance payments being abated. No further payments will be made until the unit satisfactorily passes the HQS.

If you have any questions about this inspection please contact this office at <<PHA Phone>>.

Sincerely,

<<Contact>>

I certify that all repairs to items listed above were completed on \_\_\_\_\_

X \_\_\_\_\_  
owner/landlord

cc: <<'Tenant Name>>  
<<'Tenant Address>>  
<<'Tenant CSZ>> HP Letter 3

Date \_

State of New Jersey Department of  
Community Affairs Field Office  
Address  
City, State, Zip Code

**Notice to Tenant For Repairs to an Assisted Unit**

<<Today's Date>>

<<Tenant Mailing>>

Dear <<Tenant Full Name>>:

An inspection of your housing unit was completed in compliance with the U.S. Department of Housing and Urban Development's requirements for the Housing Choice Voucher Program.

The inspection revealed a number of conditions that failed to meet the federal housing quality standards (HQS). The item(s) indicated as "failed" on the attached *Inspection Summary* report are the responsibility of your household to correct. You are further advised that it is a regulatory obligation (24 C.F.R. §982.551(c)) for a participant in the Housing Choice Voucher Program to correct a HQS violation caused by the household. Written consent of the landlord must be obtained before any repairs are started.

The deadline for correction of the violation(s) is <<Repair Due Date>>.

When the HQS violations have been corrected, please sign, date and return the attached *Inspection Summary* report to me. Upon my receipt of this certification, a reinspection of your rental unit will be scheduled. Failure to provide the required certification by the deadline will be considered as evidence that you do not intend to correct the HQS violation(s) and procedures to terminate your household's participation in the Housing Choice Voucher Program will be implemented.

Please contact me at <<PHA Phone>> if you require any additional information or clarification regarding this matter. Thank you for your cooperation.

Sincerely,

<<User Name>>

cc: <<Owner Name>>  
<<Owner Address>>  
<<Owner CSZ>>

State of New Jersey Department of  
Community Affairs Field Office  
Address  
City, State, Zip Code

**Notice To Tenant To Restore Utility Service**

<<Today's Date>>

<<Tenant Mailing>>

Dear <<Tenant Full Name>>:

Our office has learned that you are in violation of your lease agreement for failure to maintain the utility service(s) that are your responsibility. As indicated below, you are not providing the following utility service(s):

- Gas
- Electricity
- Fuel oil
- Water
- Sewer

Your failure to maintain the utilities means that your housing unit is not in compliance with the program's housing quality standards and that you have violated one of your regulatory obligations (24 C.F.R. §982.551) as a participant.

Utility services(s) must be restored on or before\_\_\_\_\_.

Unless you bring documentation to my office before the above deadline that verifies utility services has been restored to your unit, procedures to terminate your household's participation in the Housing Choice Voucher Program will begin. Acceptable documentation is a paid bill from the utility company showing that your account is current or a letter from the utility company stating that the service has been restored and the date when the utility was turned back on.

Please contact my office at <<PHA Phone>> if you have any questions regarding this matter.

Sincerely,

<<User Name>>

cc: <<Owner Name>>  
<<Owner Address>>  
<<Owner CSZ>>

State of New Jersey Department  
of Community Affairs Field  
Office Address  
City, State, Zip Code

**Inspection Final Warning  
Letter**

<<Today's Date>>

<<Owner Name>>  
<<Owner Address>>  
<<Owner CSZ>>

Dear <<Owner Name>>:

On <<Repair Letter Date>>, this office sent you a letter following an inspection of your dwelling unit located at <<Unit Address>> in <<Unit City>> occupied by <<Tenant Name>>.

That letter stated that repairs to your unit were required to place the unit in compliance with the housing quality standards (HQS). As of this date, our records indicate that all of the required work has not been completed and inspected. These repairs must be completed or your rental assistance payments will be abated. Payment cannot be made on a unit that is substandard. Below is a listing of the required repairs that have not been completed:

(See attached inspection report)

If you have any questions please contact this office at <<PHA Phone>>.

Sincerely,

<<Contact>>

cc: <<Tenant Name>>  
<<Tenant Address>>  
<<Tenant CSZ>>

**Guidelines for the Submission of a Notice of Intent to Terminate**

1. A program representative determines that there are grounds to terminate a participant in accordance with 24 C.F.R. §982.552.
2. A pre-termination conference should be conducted where appropriate.
3. Until the Hearing Officer issues a final decision, and as long as the tenant resides in the assisted unit, all functions normally performed to certify or recertify the household's participation must continue to be performed.
4. The program representative compiles all pertinent information and presents this evidence to the Field Office Supervisor for review and consideration. The Field Office Supervisor may consult with the Regional Supervisor depending upon the complexity of the issue.
5. If the Field Office Supervisor confirms that grounds to deny or terminate the household exist, the Field Office Supervisor ensures that at least thirty (30) days advance written notice (EXHIBIT 16-5) of the "initial decision" is provided to the household. A copy of the notice to the household is faxed to the central office to the attention of the Hearing Coordinator.
6. The Hearing Coordinator takes action when the period to request an informal hearing (twenty (20) days) has expired or the request for an informal hearing is received by the deadline. If a written request from a household is not received by the deadline, the notice originally faxed by the Field Office Supervisor is faxed back to the Field Office Supervisor with a cover sheet, signed and dated, confirming that the household did not respond. The program representative sends final notice of termination to the household and the owner (EXHIBIT 10-1).
7. When a written request for an informal hearing is received by the deadline, the Hearing Coordinator will:
  - Reject in writing any request when the DCA is not required to provide an informal hearing in accordance with 24 C.F.R. §982.555;
  - Order corrective action, with notification, if program staff clearly erred in the decision; or
  - Acknowledge the household's hearing request (EXHIBIT 16-9) and forward the hearing request to the Hearing Officer who will schedule a review or a hearing.
8. The Hearing Officer schedules the informal hearing (EXHIBIT 16-10) and prepares a "final decision," in writing, to the household, within fifteen (15) business days of the hearing. When the initial decision is upheld as the final decision, the household's participation is terminated. When the initial decision to terminate is not upheld, the Hearing Officer forwards a copy of the final decision to the Field Office Supervisor who enforces any "conditions" imposed by the Hearing Officer for the household's continued participation.



## **Notice Requirements**

Notice to the Household: Thirty (30) days advance written notice to the household (EXHIBIT 16- 5), for purposes of this notice, is generally computed from the last day of a month, and the Field Office Supervisor must ensure that the household receives the notice at least thirty (30) days prior to the date of the intended termination date. The Hearing Officer, however, has discretion in establishing a date, other than the last day of the month, for termination of the household's participation when issuing a final decision.

Notice to the Owner: The Field Office Supervisor must ensure that the owner receives advance written notice (EXHIBIT 16-3) a minimum of thirty (30) days before the actual termination date of the household. For program purposes, this calculation is always computed from the last day of the month in which the termination is to occur. This is done with the intention of the owner retaining the housing assistance payment for the month in which he or she receives the notice and receiving the following month's housing assistance payment in compliance with the terms and conditions of the Housing Assistance Payments Contract.

### Summary of Procedures to Terminate Program Participation

