



Gloria Robinson  
Court Homes

# WAITLIST NOW OPEN!

## 1, 2, 3, & 4 Bedroom Jersey City

The waitlist for the subsidized apartments at Gloria Robinson Court Homes is now open! Pre-applications will be available Friday, January 22<sup>nd</sup> – Friday, January 29<sup>th</sup>.

Pre-applications will be available on our website at [GloriaRobinsonCourt.com](http://GloriaRobinsonCourt.com) or can be picked up from the brochure box located outside of 322 Duncan Avenue, Jersey City, NJ 07306. If you are unable to pick one up, please call Pennrose at 201.354.1291 and one will be emailed to you. Only one pre-application will be accepted per household.

**PRE-APPLICATIONS MUST BE RETURNED VIA MAIL:** 322 Duncan Ave, Jersey City, NJ 07306. Must be postmarked by Saturday, February 6<sup>th</sup> to be accepted. Email or drop-off submissions will NOT be accepted. The office is not open at this time.

The following income restrictions apply: (Includes Income Limitations for Tax Credit Units)

AMI	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
30%	\$20,730	\$23,670	\$26,640	\$29,580	\$31,950	\$34,320	\$36,690	\$39,060
50%	\$34,550	\$39,450	\$44,400	\$49,300	\$53,250	\$57,200	\$61,150	\$65,100
60%	\$41,460	\$47,340	\$53,280	\$59,160	\$63,900	\$68,640	\$73,380	\$78,120
80%	\$55,250	\$63,150	\$71,050	\$78,900	\$85,250	\$91,550	\$97,850	\$104,150

Preference for admission to the Public Housing Assisted Units will be assigned in accordance with preferences adopted by the Jersey City Housing Authority (JCHA) and described in the JCHA's Admissions and Continued Occupancy Policy (ACOP) as follows: 1st Preference: "Working Families" who live, work, or have been hired to work in the 07306 neighborhood; 2nd Preference "Working Families who live, work or have been hired to work in Jersey City; 3rd Preference Families who live in Jersey City; 4th Preference All other families.

**NOTE:** "Working Family" is defined as: employment is principal source of income for the Head of Household ("Head") or Spouse (this criteria demonstration of stable employment for at least the past six [6] months) with a minimum 15 hour work week), or; Head or Spouse is 62 years or older, or; Head or Spouse receives any of the following: Social Security Disability benefits, Supplemental Security Income (SSI) Disability benefits, or Temporary Unemployment benefits or other benefits based on inability to work, or; Head or Spouse is currently in a self-sufficiency or job training program or meets equivalent standards of economic self-sufficiency.

**MAIL TO:** 322 Duncan Ave, Jersey City, NJ 07306 (No Walk-Ins Permitted, Office is Closed)

[GloriaRobinsonCourt.com](http://GloriaRobinsonCourt.com) | [GloriaRobinson@pennrose.com](mailto:GloriaRobinson@pennrose.com) | T: 201.354.1291 | TDD: 800.545.1833 x648

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 **Jersey City**  
**Housing Authority**  
Building Communities...Creating Opportunities...Transforming Lives





# Gloria Robinson Court Homes

**Address:** 322 Duncan Avenue  
Jersey City, NJ 07306

**Phone:** 201.332.4609

**Fax:** 201.333.3908

**Email:** gloriarobinson@pennrose.com

**TTY:** 800.545.1833 x648

To be completed by office staff:

Application Number \_\_\_\_\_

Date Application Rec'd \_\_\_\_\_

Time Application Rec'd \_\_\_\_\_

Initials of Staff Member \_\_\_\_\_

## HEAD OF HOUSEHOLD

M

F

**NAME:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

(First) (Middle Initial) (Last)

**CURRENT ADDRESS:** \_\_\_\_\_ **HOME #:** \_\_\_\_\_

(House #) (Street Name) (Apt. #)

**CELL #:** \_\_\_\_\_

(City) (State) (Zip Code) **WORK #:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **D.O.B:** \_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_ **DRIVER LICENSE STATE:** \_\_\_\_\_

**DRIVER LICENSE NUMBER:** \_\_\_\_\_

## HOUSEHOLD MEMBERS

Depending on the unit you qualify for, a non-refundable \$25 application fee per adult household member may be required.

Name	DOB	M/F	Relationship	Soc. Sec. Number	DL State & Number

## ANNUAL HOUSEHOLD INCOME

Employment/Wages	\$
Social Security Income	\$
Social Security Disability Income	\$
Public Assistance (Welfare/TANF)	\$
Child Support	\$
Pension	\$
Other Income (Please Specify):	\$



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**Preferences for Determining Waiting List Position (if applicable)**

Do you or any member of your household have a DISABILITY?			Y	N
Is the Head of Household or Spouse 62 years of age or older or disabled?			Y	N
Are you currently employed?			Y	N
Are you a student or recent graduate of an educational or training program?			Y	N
Were you involuntarily displaced due to a natural disaster?			Y	N
Are you homeless?			Y	N
Do you require a unit with special features? (e.g. unit for mobility impaired, visually impaired, hearing impaired, walk-in shower, grab bars, no steps, etc.)			Y	N
If yes above, please circle features required:				
Unit for mobility impaired	Unit for visually impaired	Unit for hearing impaired		
Grab bars	No steps	Other:		
Describe:				

I hereby certify that the above is true and correct and complete to the best of my knowledge. I understand that any false statement or misrepresentation will be grounds for expulsion from the program and/or prosecution under Title 18, Section 1001 of the US Code.

I, \_\_\_\_\_, hereby give my permission for a credit and criminal background check, which is part of the application process.

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Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Types of Program Assistance (For Office Use ONLY)**

**\*\*Important: You must notify us promptly should any information on this application change**

Tax Credit ☐ 50% ☐ 60% ☐  
 ACC ☐ 30 ☐ ☐

May 2020



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