

Public Notice
APPLICATIONS BEING ACCEPTED
Section 8 Housing Choice Voucher Program

Red Bank Housing Authority
52 Evergreen Terrace
Red Bank, New Jersey 07701

The Red Bank Housing Authority is now accepting preliminary applications for its Section 8 Housing Choice Voucher (HCV) Program. The Red Bank Housing Authority has approximately 215 vouchers. The HCV Program subsidized applicant's rents in privately owned properties. Program participants pay 30% of their adjusted annual income and the Housing Authority pays the balance up to a maximum rent (Payment Standard). Applicants may lease anywhere in Monmouth County, New Jersey. You may lease your existing unit or another unit where your landlord agrees to participate in the program.

Unit Size	Voucher Determination (Size)	
	Minimum Household Members	Maximum Household Members
0 bedroom	1	0
1 bedroom	1	4
2 bedroom	2	6
3 bedroom	3	8
4 bedroom	4	10

The income limits are as follows:

Family Size							
1	2	3	4	5	6	7	8
Income Limit							
55,950	63,950	71,950	79,900	86,300	92,700	99,100	105,500

The Payment Standards for Red Bank, New Jersey are (Max. Rent):

0 Bdr	1 Bdr	2 Bdr	3 Bdr	4 Bdr
\$1,170	\$1,340	\$1,710	\$2,360	\$2,610

The maximum rent includes all utility costs!

Anyone interested in applying for the Section 8 Program may do so by downloading the application from our website at: redbankhousing.org.

Completed application should be returned by mail to:

Red Bank Housing Authority
PO Box 2158
Red Bank, New Jersey 07701

Preliminary Applications must be submitted by Friday, November 5th, 2021 and will only be accepted by mail. They must be post marked by the deadline date to be considered. Preliminary applications received after the deadline date will be returned to the sender unopened. Applicants' positions on other waiting lists will not be affected by applying to this waiting list. This includes the Red Bank Housing Authority's Public Housing Program and any other Housing Authority's waiting list.



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52 Evergreen Terrace
Red Bank, New Jersey 07701
PRELIMINARY APPLICATION**

Head of Household Telephone Number

Address Social Security Number

Name of Other Household Members	Age	Sex	Relationship to Head of Household
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Indicate ALL Sources of Income from all Family Members	Gross Monthly Amount
Wages:	_____
Social Security:	_____
S.S.I:	_____
Pension:	_____
Other:	_____
Assets:	_____

Signature of Head of Household

NOTE: The completion of the Preliminary Application does not automatically mean that the applicant is eligible for the Section 8 Program. Final income eligibility will be determined at the time the applicant reaches the top of the waiting list.