

PUBLIC NOTICE
PORT JERVIS COMMUNITY DEVELOPMENT AGENCY (PJCD A)
HOUSING CHOICE VOUCHER PROGRAM
ANNOUNCES THE OPENING OF
THE HOUSING CHOICE VOUCHER PROGRAM (HCV) - SECTION 8 WAITLIST
March 3, 2026 through March 13, 2026

The Housing Choice Voucher Program (Section 8) is a program funded by the U.S. Department of Housing and Urban Development (HUD) and provides rental assistance to low-income families.

Please read this notice carefully and thoroughly as the following restrictions apply

The Port Jervis Community Development Agency will be accepting applications postmarked Tuesday, March 3, 2026, through Friday, March 13, 2026.

Beginning 3/3/26, applications will be made available for download online at <https://www.portjervisny.gov> or for pickup from 9 AM to 3 PM at the Port Jervis Housing Authority - 39 Pennsylvania Avenue, Port Jervis, NY and Port Jervis City Clerk's Office (City Hall) - 20 Hammond Street, Port Jervis NY during regular business hours, 9AM to 4 PM.

- Applications must be submitted **ONLY BY REGULAR U.S. MAIL** as **no other delivery method will be accepted**. Samples of unacceptable mail delivery methods include, but are not limited to faxes, email, overnight priority mail, certified mail, or dropped off applications. Applications **must** be sent through the U.S. Post Office; no other delivery service such as FedEx, UPS, etc. will be accepted.
- Only those applications postmarked between Tuesday, March 3, 2026, through Friday, March 13, 2026, will be accepted.
- Applications will be rejected if postmarked earlier than Tuesday, March 3, 2026, or later than Friday, March 13, 2026.
- Applicants must be 18 years or older at the time of application or the application will be rejected.
- Incomplete applications will be rejected.
- Multiple applications from the same applicant/household will be rejected. If multiple applications are discovered, all will be rejected.
- Only one application per envelope will be accepted. Multiple applications in the same envelope will result in all being rejected.
- Illegible applications will be rejected.
- Application must have the original signature of the applicant; all others will be rejected.
- Eligible income applicants will be placed on the active waitlist according to completed application and postmark.
- **The Applicant Supplement Form and Proof of Address are part of the application and must be returned or the application will not be processed.**
- The PJCD A HCV Section 8 program offers four (4) waitlist preferences – 1) A preference for those whose family members are between the ages of 18 and 61 who have disabilities and are experiencing housing instability; 2) a local preference for those applicants that live or work in the City of Port Jervis; 3) A homeless preference, and; 4) Domestic Violence victims within 90 days of occurrence. To be considered, all applicable options must be noted in the application.

Eligibility is based upon income limits established by the U.S. Department of Housing and Urban Development. Your family is eligible to apply for this program if your income is below the very low-income limit. Seventy-five percent (75%) of all new admissions to the program must be under the extra low-income guidelines, and twenty-five percent (25%) of all new admissions to the program must be under the very-low-income guidelines.

FAMILY SIZE	EXTRA LOW	VERY LOW	FAMILY SIZE	EXTRA LOW	VERY LOW
1	\$ 25,850.00	\$ 43,050.00	5	\$ 39,900.00	\$ 66,450.00
2	\$ 29,550.00	\$ 49,200.00	6	\$ 43,150.00	\$ 71,350.00
3	\$ 33,250.00	\$ 55,350.00	7	\$ 48,650.00	\$ 76,300.00
4	\$ 36,900.00	\$ 61,500.00	8	\$ 54,160.00	\$ 81,200.00



Reasonable Accommodation - If you are a person with a disability and require reasonable accommodation to submit an application, please contact the PJCD A office at 845-858-4024.

PJCD A does not discriminate on the basis of race, color, religion, creed, sex, gender identity or expression, sexual orientation, national origin, age, disability, marital status, veteran status, or any other protected characteristic under applicable law.



2026 HOUSING CHOICE VOUCHER (Section 8) APPLICATION- Page 1

Housing Choice Voucher Program (Section 8) is a U.S. Dept. of Housing & Urban Development (HUD) funded program, designed to assist extremely low, very low and low-income families in finding sound housing or to remain in decent, safe and sanitary housing at a cost they can afford. The landlord will receive part of his/her rent from (you) the tenant, and part from the Section 8 program.

Any application submitted by any other means (USPS overnight, certified, fax, email, drop-off, Fed Ex, UPS, etc.) will be rejected. If any document or signature is missing, the application will be considered incomplete and will not be processed.

YOU MUST READ THE PUBLIC NOTICE ATTACHED TO THIS APPLICATION AND FOLLOW ALL INSTRUCTIONS.

A COMPLETE APPLICATION WILL INCLUDE THE FOLLOWING:

- 1) This Waiting List Application form with signed Certification and **COMPLETELY FILLED OUT, YOU MUST ANSWER ALL QUESTIONS**
- 2) Proof of address/residency -See page 4 for acceptable forms of proof
- 3) HUD Form 92006 – Supplement to Application for Federally Assisted programs

Any application that does not include items 1 through 3 will not be processed.

All documents must be submitted together in one envelope by regular United States mail.
Applications must be mailed to:

Port Jervis Community Development Agency
Housing Choice Voucher Program
P O Box 1002
Port Jervis, NY 12771

To be considered eligible, your total gross household income from all household members can be no more than the following:

FAMILY SIZE	EXTREMELY LOW	VERY LOW	FAMILY SIZE	EXTREMELY LOW	VERY LOW
1	\$ 25,850.00	\$ 43,050.00	5	\$ 39,900.00	\$ 66,450.00
2	\$ 29,550.00	\$ 49,200.00	6	\$ 43,150.00	\$ 71,350.00
3	\$ 33,250.00	\$ 55,550.00	7	\$ 48,650.00	\$ 76,300.00
4	\$ 36,900.00	\$ 61,500.00	8	\$ 54,150.00	\$ 81,200.00

ONCE YOUR COMPLETED APPLICATION AND ALL REQUESTED DOCUMENTS ARE RECEIVED BY REGULAR MAIL, YOU WILL RECEIVE A LETTER STATING YOU WERE PLACED ON THE ACTIVE WAITLIST.

ANY INQUIRIES ABOUT RECEIPT OF YOUR APPLICATION WILL NOT BE ANSWERED UNTIL AFTER MAY 15, 2026.

AFTER PLACEMENT ON THE ACTIVE WAITLIST, YOU MUST NOTIFY THIS AGENCY IN WRITING OF ANY ADDRESS CHANGES

Please check the appropriate box and print clearly when answering the questions listed below

- a. Are you able to read in the English language? YES NO, print language: _____
- b. Are you able to write in the English language? YES NO, print language: _____
- c. Are you able to speak in the English language? YES NO, print language: _____

**HCV Section 8 Housing Assistance Program
P.O. Box 1002, Port Jervis, New York 12771**

2026 HOUSING CHOICE VOUCHER (Section 8) APPLICATION- Page 2

HEAD OF HOUSEHOLD-FILL IN ALL BOXES FOR OR YOUR APPLICATION CANNOT BE PROCESSED

Please note that information about disability status and age may be used to determine selection from the waiting list.

RACE: Black/African American, American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, White

Information requested on race and ethnicity is requested to comply with Equal Opportunity requirements and to ensure no discrimination occurs.

Your answer will not affect, in any way, your selection for the program.

First Name		MI	Last Name		
Street Address (including apt#)			City	State	Zip Code
Cell Phone#	Home Phone#	Work Phone#	E-MAIL (Head of Household):		
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #
				Alien Registration #	
Mailing Address (IF DIFFERENT)			Apt. #	City	State
					ZIP Code

2. Household Member

Last Name		First Name	MI	Date of Birth	Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #

3. Household Member

Last Name		First Name	MI	Date of Birth	Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #

4. Household Member

Last Name		First Name	MI	Date of Birth	Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #

5. Household Member

Last Name		First Name	MI	Date of Birth	Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #

6. Household Member

Last Name		First Name	MI	Date of Birth	Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #

2026 PJDA HOUSING CHOICE VOUCHER (Section 8) APPLICATION- Page 3

INCOME: List all GROSS income for all household members who will live in your unit. This includes Social Security, Wages, Public Assistance, Pension, Child Support, Alimony, and/or any other income.

Source, Rate, and Type of Gross Monthly Income (Any self-employed household member must submit tax returns for 2025. This includes, but is not limited to, Uber or Lyft drivers, lawn care workers, hair stylists, manicurists, childcare providers, etc.)

TOTAL INCOME FOR ALL PERSONS, FROM ALL SOURCES-AND ALL MEMBERS LISTED ON PAGE 2 MUST BE LISTED BELOW. ATTACH ADDITIONAL PAGES IF NEEDED.

If your household does not currently have income, you must write "No Income." This section cannot be left blank. OR YOUR APPLICATION WILL NOT BE PROCESSED

HOUSEHOLD MEMBER NAME	SOURCE/TYPE OF INCOME	AMOUNT RECEIVED PER MONTH	AMOUNT RECEIVED PER YEAR
	SOURCE NAME AND ADDRESS		
TOTAL EARNED / UNEARNED INCOME			

FAMILY'S ASSETS

Complete the following for all assets owned by a household member including, but not limited to checking accounts, savings accounts, property held as an investment, bonds, IRA, life insurance policy, money market account, 401K, and trust funds.

Household Member Name	TYPE	Name and Full Address and Phone Number of Asset	Cash Value	Interest Rate	Annual Income

1. Have you, or any household member/s been convicted of drug-related criminal activity for the manufacture or production of methamphetamine on the premises of federally assisted housing? YES NO

If yes, please give the name of the household member (please specify name, if different at the time of conviction/s), date, charge(s), and place of occurrence. _____

2. Have you or any household member/s (18 years of age or older) listed on this application ever been convicted of a sex offense, which subjects (you and/or them) to lifetime registration requirement under any state's sex offenders' registration program? YES NO

If yes, please give the name of the household member (please specify name, if different at the time of conviction/s), date, charge(s), and place of occurrence and provide the state in which registration is required. _____



2026 PJCDA HOUSING CHOICE VOUCHER (Section 8) APPLICATION- Page 4

3. Has any member of your household been convicted of ANY crime other than aa traffic violations? YES NO

If yes answer the following:

Who:
State:
When:
Offense:

4. Have you ever been evicted from public housing, Indian Housing, a Section 23 or Section 8 program? If Yes:

When? _____ For what reason?

Name of Housing Authority or owner: _____

WAITLIST PREFERENCES

1. Do you live or work in the City of Port Jervis YES NO - You must provide proof
2. Have you been a victim of domestic violence within the last ninety (90) days YES NO - Explain
3. Are you currently homeless YES NO - Provide certification
4. Are you living in **substandard housing** conditions as determined by the municipality or has your apartment been declared uninhabitable by an agency or government entity? YES NO
 Are you **rent burdened** meaning that you are paying more than 50% of the household income for rent? YES NO
 Are you or a family member **disabled** between the ages of 18 – 61 years old? YES NO

APPLICATION CERTIFICATION- THIS MUST BE SIGNED TO BE CONSIDERED COMPLETE

I understand that this is an application for the Waiting List only. It is not a contract and does not bind either party. I declare that the statements contained in this application are true and correct to the best of my knowledge and that I have not made a false statement, given false information or omitted information in connection with this application. I have no objections to inquiries being made for the purpose of verifying the statements made herein. I understand that if I am selected for assistance and it is subsequently determined that I withheld or provided false or incomplete information, it is a basis for the rejection of my application, eviction, or termination of assistance and I may be subject to other penalties.

Signature of Applicant: _____ Date _____

**IN ORDER FOR YOUR APPLICATION TO BE PROCESSED, IT MUST BE SENT REGULAR MAIL IN ONE ENVELOPE TO:
 PJCDA, HCV Program, P.O. Box 1002, Port Jervis, NY 12771**

and contain the following:

- 1 - **Application for PJCDA Housing Choice Voucher Program (Section 8) Waiting List** which must be fully completed, all income listed, signed, and dated by Head of Household.
- 2 - **Form 92006: Supplement to Application for Federally Assisted Housing** must be signed and dated by Head of Household. Providing a secondary contact is recommended but not required.
- 3 - **ONE FORM OF PROOF OF RESIDENCY which shows street address (P.O. Box is Not Acceptable):**
 - Copy of valid Driver's license with active street address
 - Copy of current lease
 - Copy of a current utility bill which contains the applicant's name and street address
 - Documentation from DSS, showing street address (welfare benefits statement, food stamps, HEAP, Medicaid, etc.)
 - Documentation from a homeless shelter or agency indicating current circumstances

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.