

**HOUSING AUTHORITY OF BERGEN COUNTY**

**HOUSING SEARCH INFORMATION SHEET  
TO BE COMPLETED AND RETURNED**

Date	Location of Unit	Contact Person and Telephone Number	Reason for Not Obtaining Unit
_____	Address: _____ City: _____	Name: _____ Tel. #: _____	_____ _____
_____	Address: _____ City: _____	Name: _____ Tel. #: _____	_____ _____
_____	Address: _____ City: _____	Name: _____ Tel. #: _____	_____ _____
_____	Address: _____ City: _____	Name: _____ Tel. #: _____	_____ _____
_____	Address: _____ City: _____	Name: _____ Tel. #: _____	_____ _____
_____	Address: _____ City: _____	Name: _____ Tel. #: _____	_____ _____
_____	Address: _____ City: _____	Name: _____ Tel. #: _____	_____ _____
_____	Address: _____ City: _____	Name: _____ Tel. #: _____	_____ _____
_____	Address: _____ City: _____	Name: _____ Tel. #: _____	_____ _____
_____	Address: _____ City: _____	Name: _____ Tel. #: _____	_____ _____

**VOUCHER HOLDER NAME:** \_\_\_\_\_