**Ocean County Invites Public Input on Housing and Development**

Help shape the future of housing and development in Ocean County by contributing to the Five-Year Consolidated Plan (ConPlan). Your input will help identify housing priorities, address key challenges, and allocate federal resources effectively. Participation ensures decisions reflect the community’s unique needs **and aspirations.**

**Submission Deadline:** Friday, February 14, 2025

Submit the survey via mail, fax, or email. For assistance or additional information, please contact:

**Ocean County Department of Planning**
**ATTN: CDBG Program**
129 Hooper Avenue
PO Box 2191
Toms River, NJ 08754-2191

**Telephone:** (732) 929-2054
**Fax:** (732) 244-8396
**Email:** ocplanning@co.ocean.nj.us

URL: <https://planning.co.ocean.nj.us/frmCECommDev>

Assistance is available for completing the survey or obtaining it in an alternate format.

Thank you for contributing to the development of the community’s future.

|  |  |  |
| --- | --- | --- |
| C:\Users\SCadigan\Desktop\depositphotos_115535652-stock-illustration-earth-globe-logo-icon-black.jpg | Wheelchair_symbol | fheo200 |
| Language Assistance | Accessibility | Equal Housing Opportunity |

**Instructions**: Enter the required information by selecting or entering data in the fields and checkboxes.

# Organizational Information

Provide the organization’s name, contact information, and a brief description of services offered.

Agency Name (*Required*): Enter Name

Contact Person: Enter Contact Person

Telephone Number: Enter Telephone

E-Mail Address: Enter Email Address

**Primary Services**: Briefly describe services provided

# Fair Housing Complaints

Has the organization received any fair housing complaints? If yes, specify the number of complaints for each type.

**Type of Complaint:**

[ ]  Race: Enter Number

[ ]  Creed: Enter Number

[ ]  Color: Enter Number

[ ]  National Origin: Enter Number

[ ]  Ancestry: Enter Number

[ ]  Family Status: Enter Number

[ ]  Sex: Enter Number

[ ]  Nationality: Enter Number

[ ]  Disability: Enter Number

### [ ]  Source of Income or Rent Payment: Enter Number

### [ ]  Other (specify): Enter Other & Number

# Complaint Handling

How were the complaints above handled? Provide details, including the number of complaints handled in each way.

[ ]  **Direct Intervention/Mediation**:

Describe & Enter Number

Describe & Enter Number

Describe & Enter Number

Describe & Enter Number

Describe & Enter Number

[ ]  **Referral to External Agencies**:

* NJ Division on Civil Rights: Describe & Enter Number
* HUD: Describe & Enter Number
* Legal Aid: Describe & Enter Number
* Other: Describe & Enter Number

[ ]  **Complaint Not a Fair Housing Issue**:

Describe & Enter Number

Describe & Enter Number

Describe & Enter Number

Describe & Enter Number

Describe & Enter Number

[ ]  **Other**:

Describe & Enter Number

# ****Reporting Requirements & Additional Resources****

Provide information about the organization’s obligation to submit Fair Housing Reports and any additional resources that may assist in preparing this report.

* Is the organization required to submit Fair Housing Reports to any other entity?

[ ]  Yes

[ ]  No

* Are copies of the reports available?

[ ]  Yes

[ ]  No

If yes, specify the entity name: Enter entity name

* Are there any additional reports, publications, or documents that could assist in preparing this ConPlan report?

If yes, specify the material name: Enter material name

# Survey Participation and Feedback

Indicate the willingness to participate in future surveys and provide any additional comments.

* **Follow-Up Participation**:

[ ]  Yes

[ ]  No

[ ]  Maybe

* **Comments**: Enter feedback or suggestions