

**PART I -- PROJECT INFORMATION SUMMARY**

**This form must be completed for all projects.**

***\*\*All documents listed on page 12-13 must be received for the application to be processed\*\****

***\*\*Affordable Housing Gap Subsidy Program application requirements are listed on page 14-15\*\****

**PROGRAM(S) YOU ARE APPLYING FOR (Check all that apply)**

- HMFA Financing
  - Construction Financing Only
  - Permanent Financing Only
  - Construction/Permanent
  - Tax-Exempt Bonds (Volume Cap)
  - 501(c)(3) Tax-Exempt Bonds
  - Taxable Bonds
  - Conduit Bonds
  - Hospital Partnership Subsidy Program
  - Special Needs Housing Trust Fund
  - Special Needs Housing Partnership Loan Program
  - Special Needs Housing Subsidy Loan Program
  - Money Follows the Person
  - Section 811 Rental Subsidy
  - Other \_\_\_\_\_
- 9% Multifamily Rate Lock Program
- Low Income Housing Tax Credits
  - 4% credit (federally subsidized)
  - 9% credit (non federally subsidized)
- Preservation Financing
  - HMFA Portfolio
  - Section 8 Project
  - Section 236 Project
  - Section 202 Project
- Date Current Mortgage Expires: \_\_\_\_\_
- Date IRP or HAP Expires: \_\_\_\_\_
- Coronavirus State and Local Fiscal Recovery Funds (SFRF)
  - Affordable Housing Gap Subsidy Program \$ \_\_\_\_\_ (amount)
- Community Development Block Grant - Disaster Recovery (CDBG - DR) \$ \_\_\_\_\_ (total amt)
  - Fund for Restoration of Multifamily Housing (FRM)
  - Sandy Special Needs Housing Funds (SSNHF)
  - Fund for Restoration of Multi-Family Public Housing Authority Set-Aside Program (FRM-PHA)

**PROJECT INFORMATION**

Project Name (as it will appear on mortgage documents) \_\_\_\_\_

Primary address for project: \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_

Building Address	Block	Lot	# of Units	# of Special Needs Beds	Census Tract #	Rehab, New Construction, or Acquisition Only

(If more space is needed, see last page)

Number of Currently Occupied DU's: \_\_\_\_\_ Total Number of Units: \_\_\_\_\_

Is the project a current Low Income Housing Tax Credit project? If so, please provide the LITC # \_\_\_\_\_

*\*Please note that Building Identification Numbers (BINs) cannot change. Once BINs are issued by NJHMFA and reported to the IRS, they will remain the same even in the case of re-syndication.*

**CONSTRUCTION TYPE**

- |   |   |
|---|---|
| <input type="checkbox"/> Rehabilitation/Vacant      | <input type="checkbox"/> Conversion       |
| <input type="checkbox"/> Rehabilitation/Occupied    | <input type="checkbox"/> Historic         |
| <input type="checkbox"/> Moderate Rehabilitation    | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Substantial Rehabilitation | <input type="checkbox"/> Modular          |

**PROJECT CLASSIFICATION:** (Please check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Family                       | <input type="checkbox"/> Energy Star Homes                                   |
| <input type="checkbox"/> Senior Citizens*             | <input type="checkbox"/> Energy Benchmarking                                 |
| <input type="checkbox"/> Nonprofit Sponsored          | <input type="checkbox"/> Green Tax Credit Point                              |
| <input type="checkbox"/> Scattered Site Single Family | <input type="checkbox"/> Enterprise Green Communities                        |
| <input type="checkbox"/> Scattered Site Duplex        | <input type="checkbox"/> National Green Building Standard                    |
| <input type="checkbox"/> Supportive Housing           | <input type="checkbox"/> Living Building Challenge                           |
| <input type="checkbox"/> Market Rate Units            | <input type="checkbox"/> Climate Choice Homes Program/<br>Energy Star Tier 3 |
| <input type="checkbox"/> Ready to Grow area           | <input type="checkbox"/> Passive House                                       |
| <input type="checkbox"/> Planning Area _____          | <input type="checkbox"/> LEED Certification                                  |

**\*NOTE: Units financed by Special Needs Program Funds may not be age-restricted to individuals age 55 and older.**

**LEGISLATIVE DISTRICTS**

Congressional \_\_\_\_\_

State Senate/Assembly \_\_\_\_\_

**BUILDING TYPE**

	# of Buildings	# of Stories	# of Residential Stories	# of Units	Elevator (Yes or No)
Lo-Rise (1-4 stories)	_____	_____	_____	_____	_____
Mid/High-Rise (5+ stories)	_____	_____	_____	_____	_____
Garden Apartments	_____	_____	_____	_____	_____
Rowhouse/Townhouse	_____	_____	_____	_____	_____
Semi-detached	_____	_____	_____	_____	_____
Single Family	_____	_____	_____	_____	_____
<b>TOTALS</b>	_____	_____	_____	_____	_____

**PROJECT DEVELOPMENT SCHEDULE**

Month/Year

- |  |       |
|--|-------|
| Preliminary Site Plan Approval                             | _____ |
| Final Site Plan Approval                                   | _____ |
| Local, County and/or State Planning and Variance Approvals | _____ |
| Local, County and/or State Environmental Approvals         | _____ |
| Closing and Transfer of Property                           | _____ |
| Construction Start   | _____ |
| Construction Completion                                    | _____ |
| Lease-Up   | _____ |

Expenditure of 10% of Reasonably Expected Basis (if applicable) \_\_\_\_\_  
 Anticipated Placed in Service Date \_\_\_\_\_  
 Anticipated Completion of Rent-Up \_\_\_\_\_  
 Anticipated Start of Compliance Period \_\_\_\_\_

**PROJECT DESCRIPTION**

Site Acreage \_\_\_\_\_ acres  
 Number of buildings \_\_\_\_\_  
 Number of buildings containing low-income units \_\_\_\_\_  
 Number of buildings containing special needs units \_\_\_\_\_

**UNIT DISTRIBUTION (Do not include non-revenue units)**

Type of Unit (1BR, 2BR, etc.)	# of Affordable Units (up to 60%)	# of Moderate-Income Units (>60% to 80%)	# of Market Rate Units	# of Special Needs Units (included in # of Affordable Units)	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<b><u>TOTAL</u></b>	_____	_____	_____	_____	_____

NON-REVENUE UNITS: Indicate number of units, BR count and intended use (i.e. super's unit). \_\_\_\_\_

**NUMBER OF LIHTC UNITS** \_\_\_\_\_

Is a superintendent's unit included in the LIHTC units? Yes\_\_\_ No\_\_\_  
 If not, will the superintendent's unit be income restricted? Yes\_\_\_ No\_\_\_

NUMBER OF COUNCIL ON AFFORDABLE HOUSING UNITS \_\_\_\_\_

**SQUARE FOOTAGE**

Gross Square Footage \_\_\_\_\_ s.f.  
 Total residential square footage \_\_\_\_\_ s.f.  
 Total low-income residential square footage \_\_\_\_\_ s.f.

**SITE SECURITY:**

How will site security be addressed in the building (s)? Check off Type(s):

Cameras  Monitors   
 On Site Security  Armed Security   
 Card Entry  Other: \_\_\_\_\_

**SENIOR PROJECT** (If applicable, must only check one)

Please indicate below which category of exempt "housing for older persons" (as defined by the Fair Housing Act) the project will meet:

At least 80 percent of the occupied units in the building will be occupied by at least one person 55 years or older and the property will be clearly intended for older persons as evidenced by policies and procedures that demonstrate the intent that the property be housing for older persons (55+).

NOTE: This option should be selected for senior projects that will be setting aside units for special needs and seeking financing from the Special Needs Housing Trust Fund, as units financed by the Special Needs Housing Trust Fund may not be age-restricted to individuals age 55 and older.

ALL the residents of the project will be 62 or older

The Secretary of HUD has designated the project as housing for older persons (attach *documentation*)

**APPLICANT INFORMATION**

Developer/  
Applicant \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Principals \_\_\_\_\_  
\_\_\_\_\_

Contact Person/Consultant \_\_\_\_\_  
Title \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
E-mail \_\_\_\_\_

***\*The contact person named will be the only person with whom NJHMFA corresponds.  
Any changes in the contact person must be in writing.***

- Applicant is current owner and will retain ownership.
- Applicant is the project developer and will be part of the final ownership entity.
- Applicant is the project developer and will not be part of the final ownership entity.
- Other: Applicant is \_\_\_\_\_

Will property be sold or transferred by the applicant prior to project being placed in service?  
 NO  
 YES (If yes, provide name of the purchasing entity and experience of its principals.)

Will property be sold or transferred by the applicant within 2 years of being placed in service?  
 NO  
 YES (When? Provide name of purchasing entity and experience of its principals.)

Name of Final Ownership Entity \_\_\_\_\_  
 Currently Exists Tax ID# \_\_\_\_\_  
 To be Formed Expected Date: \_\_\_\_\_

Final Ownership Entity is/will be:  
 Limited Partnership  LLP or LLC

***\*Attach a diagram depicting the organizational structure of the final ownership entity (see  
Tax Credit application appendix).***

**LIST OF AUTHORIZED SIGNATORIES**

The persons listed below are the only people authorized to sign official documents submitted to HMFA. Any change to this list must be in writing.

PRINT NAME

PRINT TITLE/AFFILIATION

SIGNATURE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DEVELOPMENT TEAM RESUMES**

Insert a brief resume for the sponsor(s), developer(s), general partner(s), voting member(s), and limited partner, and complete the list of Development Team Members below. **Please include full address (street, city, state, zip).**

	<b>Name</b>	<b>Tax ID#</b>	<b>Phone#</b>	<b>Fax#</b>
<b>Sponsor/Borrowing Entity</b>				
<b>Address:</b>	_____			
<b>City:</b>	_____			
<b>State:</b>	_____			
<b>Zip:</b>	_____			
<b>Email:</b>	_____			
 <b>Developer</b>				
<b>Address:</b>	_____			
<b>City:</b>	_____			
<b>State:</b>	_____			
<b>Zip:</b>	_____			
<b>Email:</b>	_____			
 <b>Guarantor</b>				
<b>Address:</b>	_____			
<b>City:</b>	_____			
<b>State:</b>	_____			
<b>Zip:</b>	_____			
<b>Email:</b>	_____			
 <b>General Contractor</b>				
<b>Address:</b>	_____			
<b>City:</b>	_____			
<b>State:</b>	_____			
<b>Zip:</b>	_____			
<b>Email:</b>	_____			
 <b>General Partner</b>				
<b>Address:</b>	_____			
<b>City:</b>	_____			
<b>State:</b>	_____			
<b>Zip:</b>	_____			
<b>Email:</b>	_____			
 <b>Voting Member (LLCs)</b>				
<b>Address:</b>	_____			
<b>City:</b>	_____			
<b>State:</b>	_____			
<b>Zip:</b>	_____			
<b>Email:</b>	_____			
 <b>Construction Lender</b>				
<b>Address:</b>	_____			
<b>City:</b>	_____			
<b>State:</b>	_____			
<b>Zip:</b>	_____			
<b>Email:</b>	_____			

	<b>Name</b>	<b>Tax ID#</b>	<b>Phone#</b>	<b>Fax#</b>
Limited Partner				
	<b>Address:</b> _____			
	<b>City:</b> _____			
	<b>State:</b> _____			
	<b>Zip:</b> _____			
	<b>Email:</b> _____			
Management Company				
	<b>Address:</b> _____			
	<b>City:</b> _____			
	<b>State:</b> _____			
	<b>Zip:</b> _____			
	<b>Email:</b> _____			
Architect				
	<b>Address:</b> _____			
	<b>City:</b> _____			
	<b>State:</b> _____			
	<b>Zip:</b> _____			
	<b>Email:</b> _____			
Attorney				
	<b>Address:</b> _____			
	<b>City:</b> _____			
	<b>State:</b> _____			
	<b>Zip:</b> _____			
	<b>Email:</b> _____			
Accountant				
	<b>Address:</b> _____			
	<b>City:</b> _____			
	<b>State:</b> _____			
	<b>Zip:</b> _____			
	<b>Email:</b> _____			
Market Analyst				
	<b>Address:</b> _____			
	<b>City:</b> _____			
	<b>State:</b> _____			
	<b>Zip:</b> _____			
	<b>Email:</b> _____			
Professional Planner				
	<b>Address:</b> _____			
	<b>City:</b> _____			
	<b>State:</b> _____			
	<b>Zip:</b> _____			
	<b>Email:</b> _____			
Environmental Consultant				
	<b>Address:</b> _____			
	<b>City:</b> _____			
	<b>State:</b> _____			
	<b>Zip:</b> _____			
	<b>Email:</b> _____			



	<b>Name</b>	<b>Tax ID#</b>	<b>Phone#</b>	<b>Fax#</b>
Historical Consultant				
	<b>Address:</b> _____			
	<b>City:</b> _____			
	<b>State:</b> _____			
	<b>Zip:</b> _____			
	<b>Email:</b> _____			
Solar Installer				
	<b>Address:</b> _____			
	<b>City:</b> _____			
	<b>State:</b> _____			
	<b>Zip:</b> _____			
	<b>Email:</b> _____			
LEED Professional				
	<b>Address:</b> _____			
	<b>City:</b> _____			
	<b>State:</b> _____			
	<b>Zip:</b> _____			
	<b>Email:</b> _____			
Project Development Consultant				
	<b>Address:</b> _____			
	<b>City:</b> _____			
	<b>State:</b> _____			
	<b>Zip:</b> _____			
	<b>Email:</b> _____			
Syndicator				
	<b>Address:</b> _____			
	<b>City:</b> _____			
	<b>State:</b> _____			
	<b>Zip:</b> _____			
	<b>Email:</b> _____			
Social Service Provider				
	<b>Address:</b> _____			
	<b>City:</b> _____			
	<b>State:</b> _____			
	<b>Zip:</b> _____			
	<b>Email:</b> _____			
Municipal Contact				
	<b>Address:</b> _____			
	<b>City:</b> _____			
	<b>State:</b> _____			
	<b>Zip:</b> _____			
	<b>Email:</b> _____			

**\*\*\* FOR PROJECTS REQUESTING HMFA FINANCING AND/OR SUBSIDY \*\*\***

[NOTE: DO NOT COMPLETE IF APPLYING FOR TAX CREDITS ONLY]

**INCOME RESTRICTIONS** (for purposes of qualifying for Tax-Exempt Bond Financing under 26 U.S.C. §142(a)(7))

This test will impact the return on equity calculation pursuant to *N.J.A.C. 5:80-3*

- 60% of County Median Income Adjusted for Family Size
- 50% of County Median Income Adjusted for Family Size
- Average Income under 60% (or Income Averaging)  
**\*Projects seeking 9% tax credits may not elect this set-aside at application\***

**ADDITIONAL SITE INFORMATION**

**Commercial Space:** Provide details as to how the space will be used, whether it will be rented to a third party, the terms and conditions of that lease and the square footage.

\_\_\_\_\_

**Community and Social Service Space:** Provide details as to how the space will be used, whether it will be rented to a third party, the terms and conditions of that lease and the square footage.

\_\_\_\_\_

**Ancillary Buildings:** Examples of ancillary buildings include garages, and community buildings. Provide details as to how the space will be used and the square footage.

\_\_\_\_\_

**On-Site Office:** Identify where the on-site management office will be located and the functions to be performed in that office.

\_\_\_\_\_

**Current Zoning:**

Is site zoned properly for proposed usage? Yes  No

**Parking:**

Is there sufficient parking available on-site in accordance with code? Yes  No   
If not, what other arrangements are being made? \_\_\_\_\_

**Site Control:**

**Form of Ownership**

- Fee Simple
- Leasehold

If ownership is fee simple, does the applicant currently own the site? Yes  No   
or optioned? Yes  No

List Current Owner of Site: \_\_\_\_\_

Other:(specify) \_\_\_\_\_

**\*Attach a diagram depicting the organizational structure of the final ownership entity (see Tax Credit application appendix).**

**\*Attach copies of deed, option agreement, or contract to purchase. If site control is to be in the form of leasehold, attach copy of lease and list all financial encumbrances on the site.**

Are there any easements or other restrictions on the site? (Specify) \_\_\_\_\_

If the municipality owns site, are there any non-monetary conditions for conveyance such as a reverter provision?  
\_\_\_\_\_

**Purchase Price:**

Of property already acquired \$ \_\_\_\_\_  
Of property to be acquired \$ \_\_\_\_\_  
TOTAL \$ \_\_\_\_\_

**Present tax rate of municipality:**

(Per \$100) \$ \_\_\_\_\_ Equalization Rate \_\_\_\_\_

**Tax Abatement:**

Has the municipality designated any Areas in Need of Redevelopment? Yes  No

Has tax abatement been granted? Yes  No

If yes, indicate the statute under which said abatement was granted as well as the terms and conditions. (i.e. Agency Statute, Long Term or other) \_\_\_\_\_

**Property Tax Exemption (if applicable):**

Please specify the term and status of the property tax exemption. Please include documentation in your application submission.  
\_\_\_\_\_

**If new construction, indicate the availability of utilities:**

			Distance from Site?
Water	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Storm Sewer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Sanitary Sewer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Gas	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Electric	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Rubbish Removal	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____

Is sewer capacity available? Yes  No

Is sewer capacity subject to review by the New Jersey Department of Environmental Protection?  
Yes  No

Has a Phase I Environmental Assessment been performed? Yes  No   
If yes, provide a copy with the application.

**Resolution of Need:**

Has the municipality determined that the project will meet or meets an existing housing need?  
Yes  No

If yes, attach the Resolution of Need.

**NOTE: The Agency must have a *Resolution of Need* in order to process applications for Multifamily and Preservation financing, or Subsidy Loan Program.**

**ADDITIONAL APPLICANT INFORMATION**

**Type of Applicant**

- |                          |             |                          |                     |
|--------------------------|-------------|--------------------------|---------------------|
| <input type="checkbox"/> | For-Profit  | <input type="checkbox"/> | Non-Profit          |
| <input type="checkbox"/> | LLP or LLC  | <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Corporation | <input type="checkbox"/> | Partnership         |

**Indicate the statute under which you are formed.** \_\_\_\_\_

**Indicate affiliated entities.** \_\_\_\_\_

**Sponsoring Ownership Entity's Official Name:** \_\_\_\_\_  
(Must be exactly as it will appear in mortgage documents.)

(List all principals of the ownership entity.)

**Principals of Development/Entity and percentage of ownership**

\_\_\_\_\_

**Principals of the Land Ownership Entity and percentage of ownership**

\_\_\_\_\_

## **REQUIRED SUBMISSIONS for MULTIFAMILY OR SPECIAL NEEDS FINANCING**

*The following information must be submitted electronically through the Leap File System (see link below). If any of the information is not available at this time you must indicate the status of the item and when it will be available. **The application will not be processed and assigned to a credit officer unless the application fee and all documents listed below are submitted.** Upon uploading the application, please contact Multifamily Administrative Assistants, Ivelisse Melendez-Aguirre ([imelendezaguirre@njhmfa.gov](mailto:imelendezaguirre@njhmfa.gov)) or Karen Howland ([KHowland@njhmfa.gov](mailto:KHowland@njhmfa.gov)) for wiring instructions to submit the application fee.*

<https://njhmfa.leapfile.net>

### **Non-refundable Application Fees:**

#### **Multifamily Financing**

Traditional Financing - \$4,000

Conduit Financing - \$7,500

#### **Special Needs Financing**

Special Needs Housing Trust Fund (SNHTF) - \$1,000

Special Needs Housing Subsidy Loan Program (SNHSLP) - \$1,000

\*No application fees required for remaining Special Needs Financing programs

### **Document Requirements for a Traditional Financing Application:**

1. UNIAP Part I Application\*
2. Project Narrative & Scope of Work
3. Proforma - Form 10 / Cash Flow\*
4. General Site Location Map with tax map showing lot and block
5. Resumes for Sponsor
6. Evidence of Site Control (Deed, Option Agreement, Contract of Sale)
7. Preliminary Drawings
8. Financing Commitments
9. Resolution of Need
10. If Special Needs Financing is involved, see those requirements below.

### **Document Requirements for a Conduit Financing Application:**

1. UNIAP Part I Application\*
2. Project Narrative & Scope of Work
3. Proforma – Form 10 / Cash Flow\*
4. General Site Location Map with tax map showing lot and block
5. Resumes for Sponsor
6. Evidence of Site Control (Deed, Option Agreement, Contract of Sale)
7. Financing Commitments
8. Financing Cost Comparison
9. Preliminary Capital Needs Assessment
10. Resolution of Need
11. Finalized bond structure with financing narrative; selection of underwriter
12. If Special Needs Financing is involved, see those requirements below.

\*Agency form documents must be used.

**Document Requirements for Special Needs Financing:**

1. Social Services Plan
2. Evidence of Social Service Agreement(s)
3. Evidence of rental assistance, if applicable.
4. NJ Department of Human Services letter of support
5. Opinion from Developer's counsel that the units may be leased to tenant population
6. Special Needs Application Design Checklist
7. Evidence of 20% non-Agency capital funds leverage for Special Needs Only Financed projects

**Please note a separate tax credit application is required, even if the project has applied for financing from a separate Agency division. See the current LIHTC Application for more details on submission requirements.**

## FOR PROJECTS REQUESTING AFFORDABLE HOUSING GAP SUBSIDY PROGRAM

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LIHTC# \_\_\_\_\_

HMFA# if applicable \_\_\_\_\_

Total Number of Units in project: \_\_\_\_\_

Total Number of Affordable units: \_\_\_\_\_

(subsidy only available for affordable units)

Total amount of AHGS request: \$ \_\_\_\_\_

Amount of AHGS per affordable unit: \$ \_\_\_\_\_

Project Location (town & county): \_\_\_\_\_

What is the carryover allocation year? \_\_\_\_\_

What is the anticipated place in service date? \_\_\_\_\_

Has construction started? \_\_\_\_\_

What is the percentage of construction completion? \_\_\_\_\_

Who is the construction lender? \_\_\_\_\_

Who is the permanent lender, if not Agency? \_\_\_\_\_

List all committed financing sources: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you applied for any additional financing programs? If so, please list source and status:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*Please note, you may not apply for AHGS if you have applied for and/or received hardship credits.**

Will this project:

Contribute to a municipal fair share housing development plan? \_\_\_\_\_

Meet other critical State housing policy directives, goals, or priorities? \_\_\_\_\_

Respond to an urgent housing need or an underserved population? \_\_\_\_\_

**If Yes, please provide supporting documentation.**

**Document Requirements for Affordable Housing Gap Subsidy:**

**\*Please be sure your documents are numbered & titled with corresponding item numbers below\***

1. Project narrative detailing COVID cost overruns and any substantive changes to the project's financing plan or costs
2. Proforma – Form 10 / Cash Flow\*
3. Financing Commitments
4. A “firm” commitment of equity from a tax credit investor affirming that pricing has/will not be reduced due to the award of AHGS funding.
5. Evidence of 50% developer fee deferral.

6. Detailed cost breakdown comparisons in spreadsheet format. Include quantities, labor and material take-offs.
7. Cost backup for specific construction categories affected by COVID-19, including but not limited to materials, equipment purchasing, appliances.
8. Evidence of Value Engineering efforts: Architect of Record to provide scope of work indicating substitution/changes, along with revision pages for drawings and specifications.
9. For projects under construction, provide fully executed Change Order along with justifications, and additional labor and materials costs in excess of original line items.
10. Construction Documents and Project Manual (in CSI format) must be submitted electronically in PDF format, and shall consist of Final (100%) Contract Documents showing all required construction details, cross-sections, and other information necessary to constitute a construction-ready set of project construction documents consistent with the construction contract and with all sheets bearing the same date. The drawing set must include, at a minimum:
  - Approved Final Site Plans and Final Subdivision Plans (if applicable)
  - Civil Engineering Drawings
  - Architectural Drawings
  - Mechanical/Electrical/Plumbing (MEP) Drawings
  - Structural Drawings
  - Fire Alarm/Suppression Drawings
  - All required construction details
  - Detailed project cost estimate by trade

**Applicants are under a continuing affirmative obligation to advise NJHMFA of any changes to any aspect of the proposed development and provide relevant information as it becomes available. NJHMFA shall require the owner to certify and may require further documentation to verify that all representations made in this application concerning the proposed development are, and continue to be, true. Please refer to the QAP for additional information regarding the applicant's obligation.**



**\*\*\* FOR PROJECTS REQUESTING FINANCING FOR SUPPORTIVE HOUSING UNITS \*\*\***

Total no. of Units in the project: \_\_\_\_\_  
No. of special needs units: \_\_\_\_\_  
No. of special needs beds: \_\_\_\_\_

Special Needs Population to be served:

- |                          |   |                          |   |
|--------------------------|---|--------------------------|---|
| <input type="checkbox"/> | Homeless families/ individuals/ Veterans    | <input type="checkbox"/> | Youth aging out of foster care          |
| <input type="checkbox"/> | AIDS/HIV                                    | <input type="checkbox"/> | Blind and Visually Impaired             |
| <input type="checkbox"/> | Consumers of Mental Health services         | <input type="checkbox"/> | Ex-offenders                            |
| <input type="checkbox"/> | Victims of Domestic Violence                | <input type="checkbox"/> | Individuals coming out of nursing homes |
| <input type="checkbox"/> | Individuals with Developmental Disabilities | <input type="checkbox"/> | Other: _____                            |

NOTE: Units financed by Special Needs Program Funds may not be age-restricted to individuals age 55 and older.

Type of Housing

- |                          |                    |                          |                     |
|--------------------------|--------------------|--------------------------|---------------------|
| <input type="checkbox"/> | Supportive Housing | <input type="checkbox"/> | Community Residence |
|--------------------------|--------------------|--------------------------|---------------------|

If the project will be licensed, please indicate which State Agency will be licensing it:

- Department of Human Services, Division of Mental Health and Addiction Services
- Department of Human Services, Division of Developmental Disabilities
- Department of Human Services, Division of Aging Services
- Department of Children and Families
- Department of Health

Indicate source of funding for Rental Assistance:

Federal Source: _____	\$ Amount: _____	No. of Units: _____
State Source: _____	\$ Amount: _____	No. of Units: _____
Other Source: _____	\$ Amount: _____	No. of Units: _____

Indicate source of funding for Supportive Services:

Federal Source: _____	\$ Amount: _____	No. of Units: _____
State Source: _____	\$ Amount: _____	No. of Units: _____
Other Source: _____	\$ Amount: _____	No. of Units: _____

Has the Special Needs Application Design Checklist been completed?

- Yes
- No

Property Management Entity: \_\_\_\_\_

**\*\*\* FOR PROJECTS REQUESTING LOW INCOME TAX CREDITS \*\*\***

**CYCLE TO WHICH YOU ARE APPLYING**

- Family
- Mixed Income Reserve in TUM
- Senior
- Supportive Housing
- Final
- Volume Cap Tax Credits

**SET-ASIDE TO WHICH YOU ARE APPLYING**

- Mixed Income outside of TUM
- Preservation

**TYPE OF TAX CREDIT REQUESTED**

- Acquisition/Rehabilitation
- New Construction
- Rehabilitation

**AMOUNT OF ANNUAL TAX CREDIT REQUESTED:**

(Total must be supported by Breakdown of Costs & Basis)

- \$\_\_\_\_\_ 9% tax credit
- \$\_\_\_\_\_ 4% tax credit

-----  
\$\_\_\_\_\_ TOTAL

**APPLICABLE FRACTION**

Unit Fraction (see unit distribution chart on page 3)

Number of Affordable Units (up to 60% AMI)/  
Total Units = \_\_\_\_\_%

Floor Space Fraction:

Total low-income residential square footage /  
Total residential square footage = \_\_\_\_\_%

**The LESSER of the Unit Fraction and the Floor Space Fraction = \_\_\_\_\_%**

**FEDERAL SET-ASIDE** (must select one)

- 40% AT 60%

40-60 set-aside means 40% or more of the residential units will be rent restricted and occupied by households whose income is 60% or less than the area median income.

- 20% AT 50%

20-50 set-aside means 20% or more of the residential units will be rent restricted and occupied by households whose income is 50% or less than the area median income.

NOTE: If this election is selected, *all* tax credit units must be restricted to no more than 50% of the area median income adjusted for family size. For example, if the project has an applicable fraction of 100%, then 100% of the units must be restricted to 50% of the area median income adjusted for family size.

- Average Income under 60% (or Income Averaging)

**\*Projects seeking 9% tax credits may not elect this set-aside at application\***

Every unit will be designated at 10% increments ranging from 20% of AMI up to 80% of AMI and will be rent restricted and occupied by households whose incomes are less the designated income limitation. No more than 4 income designations may be selected, and the average of all designated income limitations shall not exceed 57.5% of AMI. There must be a proportionate mix of units at each income designation, unless otherwise required. PLEASE NOTE: Each unit's target affordability will be officially designated at the time of 8609 and will be fixed for the initial compliance period. The income designation of the units may not change without express Agency approval, even in the case of the Next Available Unit rule.

This election, which is irrevocable, will be reflected in the Deed of Easement & Restrictive Covenant & Part II of the IRS Form 8609.

**CERTIFICATION**

In order to provide for the effective coordination of the New Jersey Low Income Tax Credit Program and the Internal Revenue Code of 1986, as amended ("Code"), the Qualified Allocation Plan and this Application shall be construed and administered in a manner consistent with the Code and regulations promulgated thereunder.

Compliance with the requirements of the Code is the sole responsibility of the owner of the building for which the credit is allowable. NJHMFA makes no representations to the owner or anyone else as to compliance with the Code, Treasury regulations, or any other laws or regulations governing Low-Income Housing Tax Credits or as to the financial viability of any project. All applicants should consult their tax accountant, attorney or advisor as to the specific requirements of Section 42 of the Code governing the Federal Low-Income Housing Tax Credit Program.

In signing this document, I (we) (undersigned), certify that all information, included for the purpose of applying for Low-Income Housing Tax Credits, is accurate and true. I (we) acknowledge that the New Jersey Housing and Mortgage Finance Agency is relying on said information, and thereby acknowledge that I (we) are under a continuing obligation to notify NJHMFA in writing of any changes to the information in the application. I (we) understand that any failure to provide relevant information or any submission of incorrect information may result in the NJHMFA's refusal to issue the IRS Form 8609 for the project and/or possible barring from future participation in NJHMFA's Low Income Housing Tax Credit Program.

APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PREPARED BY:  
(if different from applicant): \_\_\_\_\_  
sign name

\_\_\_\_\_  
print name

\_\_\_\_\_  
print title

DATE: \_\_\_\_\_

