

**Department of Community Affairs  
Council on Affordable Housing  
Assisted Living Residence Survey**

Municipality: \_\_\_\_\_ County: \_\_\_\_\_  
 Sponsor: \_\_\_\_\_ Developer/ Owner: \_\_\_\_\_  
 Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Street Address: \_\_\_\_\_  
 Facility Name: \_\_\_\_\_

<p><b>Type of Facility (choose one):</b>  <input type="checkbox"/> <b>Assisted Living Residence</b>  <input type="checkbox"/> <b>Comprehensive Personal Care Home<sup>1</sup></b></p> <p><u>Complete for separate apartments:</u>          # of apartments in the facility: _____          # of <u>affordable</u> apartments in the facility: _____              # Affordable Studios: _____              # Affordable 1 BR Units: _____              # Affordable 2 BR Units: _____</p> <p>Will two-bedroom units be restricted to unrelated individuals?   <input type="checkbox"/> No   <input type="checkbox"/> Yes (if "yes," # of units to be restricted to two unrelated individuals: _____)</p> <p><u>Complete for separate bedrooms:</u>          # of bedrooms in the facility: _____          # of <u>affordable</u> bedrooms in the facility: _____          # of affordable beds in the in the facility: _____</p> <p><b>NOTE:</b> The smallest unit eligible for credit is the bedroom.</p>	<p>CO Date: _____</p> <p>Licensed by State Department of Health and Senior Services (DHSS):   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Initial License Date: _____</p> <p>Current License Date: _____</p> <p>Date units to become affordable: _____</p> <p>HMFA financed project? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the facility accessible (in accordance with NJ Barrier Free Subcode)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <p>Is the facility Medicaid approved? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p># of beds reserved for individuals receiving Medicaid Waivers: _____</p> <p># of bedrooms reserved for individuals receiving Medicaid Waivers: _____</p> <p><input type="checkbox"/> provide copy of license</p> <p><input type="checkbox"/> provide letter signed by the facility administrator stating that the facility meets the requirements of C.26:2H-12.16.</p>
<p>Affordability Controls on Facility? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Length of Controls: _____ years</p> <p>Effective Date of Controls: _____</p> <p>Expiration Date of Controls: _____</p> <p><u>Select One:</u></p> <p><input type="checkbox"/> 50% of affordable units/beds designated for low-income households OR</p> <p><input type="checkbox"/> All units designated for households at 60% of median income</p>	<p>Required Documentation provided (check all that apply):</p> <p><input type="checkbox"/> Operating manual that includes a description of the program procedures and administration in accordance with UHAC</p> <p><input type="checkbox"/> Designation of an Administrative Agent</p> <p><input type="checkbox"/> DHSS Medicaid Waiver List</p> <p><input type="checkbox"/> Affirmative Marketing Plan approved by the Council's Executive Director</p> <p><input type="checkbox"/> MOU between the municipality and HMFA</p> <p><b>NOTE:</b> MOU may be substituted for Administrative Agent and Affirmative Marketing requirements.</p>

The following verification is attached (check all that apply):

- Copy of Recorded Rental Deed Restriction on Facility
- If applicable, Memorandum of Understanding between municipality and HMFA Date Executed: \_\_\_\_\_

**CERTIFICATIONS**

I certify that the information provided is true and correct to the best of my knowledge and belief.

Certified by: \_\_\_\_\_ Date \_\_\_\_\_  
                   Owner  
 Certified by: \_\_\_\_\_ Date \_\_\_\_\_  
                   Municipal Housing Liaison

<sup>1</sup> Comprehensive Personal Care Homes include Class "C" Boarding Homes and Residential Health Care Facilities that were built before December 20, 1993 when the Assisted Living Regulations were adopted and chose to convert to licensing under assisted living regulations (Subchapter 17 of Chapter N.J.A.C. 8:36, the Assisted Living Standards for Licensure).

