

**For Calendar Year Ending 12/31/09**

**NEW JERSEY HOUSING AND MORTGAGE FINANCE AGENCY  
LOW INCOME HOUSING TAX CREDIT  
ANNUAL PROJECT CERTIFICATION  
for  
Projects with Social Service Models**

This property, in receiving its allocation of low income tax credits, was selected in part due to the commitment on the part of the owner to provide \_\_\_(number) social service programs for the tenants. As part of NJHMFA monitoring, we are requesting the owner to complete and submit the following information:

Project Name \_\_\_\_\_  
Project Address \_\_\_\_\_

LITC # \_\_\_\_\_  
Credit Year: \_\_\_\_\_

Name, title and phone number of person completing this Certification:

\_\_\_\_\_

I. Attach a job description for the person who provide social services

**II.** Attach copies of the monthly newsletters and/or calendar of events for **2009**

III. Number of hours per week on-site service coordinator works (if applicable): \_\_\_\_\_

IV. Provide the following information for the other services being provided to the residents:  
(Attach additional pages.)

- a. Description of service provided
- b. Name of organization that provides this service
- c. Cost of the service and who pays for service (tenant-paid, free of charge, etc.)
- d. Number of residents that are served each month

Please be aware that all information provided is required for NJHMFA LIHTC monitoring and is strictly confidential. Copies of contracts with Social Service Providers must be maintained along with other project records and must be furnished upon request by NJHMFA. During the on-site visit, NJHMFA personnel may wish to review files in regard to services and speak to various participants regarding the special needs components of the project.

NOTE: Failure to comply with the social service requirements of the application is grounds for a determination of noncompliance.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date