

## 2014 PROJECT/UNIT AND RCA MONITORING IN CTM SYSTEM CERTIFICATION OF COMPLETION

*The Affordable Housing Project/Unit Report Preparer's responsibility is to add/update the CTM System with Project and Unit data. Prior round as well as current round information is required. After data has been entered into the CTM System, please fill out this page in its entirety, date and sign. Any form submitted and not complete in its entirety will be marked as "Incomplete." After filling out this page, pass this form along to the Municipal Housing Liaison or other municipal representative responsible for signing off on this form. Additional pages should be used as needed.*

**MUNICIPALITY:** \_\_\_\_\_ **COUNTY:** \_\_\_\_\_

I certify that the following Project(s)/Unit(s) have been updated and/or added and the information recorded is true and correct to the best of my knowledge (please check the boxes where information has been changed or added and indicate the number of completed units):

1. **Project Name:** \_\_\_\_\_  
 Project Header     Project Details     Project Counts     # of Completed  
 Project Units:     Units Updated     Units Added    Units \_\_\_\_\_
  
2. **Project Name:** \_\_\_\_\_  
 Project Header     Project Details     Project Counts     # of Completed  
 Project Units:     Units Updated     Units Added    Units \_\_\_\_\_
  
3. **Project Name:** \_\_\_\_\_  
 Project Header     Project Details     Project Counts     # of Completed  
 Project Units:     Units Updated     Units Added    Units \_\_\_\_\_
  
4. **Project Name:** \_\_\_\_\_  
 Project Header     Project Details     Project Counts     # of Completed  
 Project Units:     Units Updated     Units Added    Units \_\_\_\_\_
  
5. **Project Name:** \_\_\_\_\_  
 Project Header     Project Details     Project Counts     # of Completed  
 Project Units:     Units Updated     Units Added    Units \_\_\_\_\_
  
6. I, \_\_\_\_\_, the Affordable Housing Project / Unit Report Preparer certify the above listed Project(s)/Unit(s) have been updated and/or added into the CTM System.
  
7. I, \_\_\_\_\_, the Affordable Housing Project / Unit Report Preparer certify additional Project(s)/Unit(s) have been updated and/or added into the CTM System.

8. I, \_\_\_\_\_, the Affordable Housing Project / Unit Report Preparer have attached or previously submitted SAMPLE Document(s) for EACH Project (i.e., Deed Restriction, Special Needs Survey (if applicable), Special Needs License, Assisted Living Survey (if applicable) and/or Assisted Living License).
  
9. I, \_\_\_\_\_, the Affordable Housing Project / Unit Report Preparer ensure EACH Project record contains a “current” Project Contact Person(s) within the Project Detail screen (i.e., Administrative Agent, Property Manager and/or Rehab Program Administrator) or I have attached an Administrative Agent Form for every “new” Project Contact Person(s) who does not currently exist within the CTM Contact database.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

**2014 PROJECT/UNIT AND RCA MONITORING IN CTM SYSTEM  
CERTIFICATION OF COMPLETION**

*The Municipal Housing Liaison or other Municipal Representative as well as the Mayor's signatures are required on this page. Any form submitted and not complete in its entirety will be marked as "Incomplete."*

We, the undersigned, certify that \_\_\_\_\_ has entered the affordable housing project and unit monitoring data covering the period through \_\_\_\_\_ via the Department of Community Affairs' CTM System, and that the information entered is true and correct to the best of our knowledge. We have been authorized by either the chief executive officer or the municipal governing body of \_\_\_\_\_ to execute this certification. The information entered in the CTM System may be used to determine the need for on-site monitoring or an audit by the Department's Council on Affordable Housing staff. ***Project and unit data entered into the CTM System is used to accurately report all affordable housing units in the State of New Jersey.***

**OR**

We, the undersigned, certify that \_\_\_\_\_ had "**No Activity**" of its affordable housing project and unit monitoring data covering the period through \_\_\_\_\_ via the Department of Community Affairs' CTM System, and we certified this information is true and correct to the best of our knowledge. We have been authorized by either the chief executive officer or the municipal governing body of \_\_\_\_\_ to execute this certification.

Print Name: \_\_\_\_\_  
Municipal Housing Liaison (MHL)/RCA Administrator

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Print Name/Title: \_\_\_\_\_  
If MHL/RCA Admin has not been designated, Other Municipal Representative

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_  
Mayor

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Return this form to:

Council on Affordable Housing  
Department of Community Affairs  
PO Box 813  
Trenton, NJ 08625-0813