

**Department of Community Affairs  
Local Planning Services  
Supportive and Special Needs Housing Survey**

Municipality: \_\_\_\_\_

County: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Developer: \_\_\_\_\_

Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Street Address: \_\_\_\_\_

Facility Name: \_\_\_\_\_

<p><u>Section 1: Type of Facility:</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Licensed Group Home</li> <li><input type="checkbox"/> Transitional facility for the homeless (<b>not eligible</b> for credit as affordable housing after June 2, 2008)</li> <li><input type="checkbox"/> Residential health care facility (licensed by NJ Dept. of Community Affairs or DHSS)</li> <li><input type="checkbox"/> Permanent supportive housing</li> <li><input type="checkbox"/> Supportive shared housing</li> <li><input type="checkbox"/> Other – Please Specify: _____</li> </ul>	<p><u>Section 2: Sources and amount of funding committed to the project :</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Capital Application Funding Unit \$ _____</li> <li><input type="checkbox"/> HMFA Special Needs Housing Trust Fund \$ _____</li> <li><input type="checkbox"/> Balanced Housing – Amount \$ _____</li> <li><input type="checkbox"/> HUD – Amount \$ _____ Program _____</li> <li><input type="checkbox"/> Federal Home Loan Bank – Amount \$ _____</li> <li><input type="checkbox"/> Farmers Home Administration – Amount \$ _____</li> <li><input type="checkbox"/> Development fees – Amount \$ _____</li> <li><input type="checkbox"/> Bank financing – Amount \$ _____</li> <li><input type="checkbox"/> Other – Please specify: _____</li> </ul> <p><input type="checkbox"/> For proposed projects, please submit a pro forma  <input type="checkbox"/> Municipal resolution to commit funding, if applicable  <input type="checkbox"/> Award letter/financing commitment (proposed new construction projects only)</p>
<p><u>Section 3: For all facilities other than permanent supportive housing:</u></p> <p>Total # of bedrooms reserved for:</p> <p>Very low-income clients/households _____</p> <p>Low-income clients/households _____</p> <p>Moderate-income clients/households _____</p> <p>Market-income clients/households _____</p>	<p><u>Section 4: For permanent supportive housing:</u></p> <p>Total # of units _____, including:</p> <p style="padding-left: 20px;"># of very low-income units _____</p> <p style="padding-left: 20px;"># of low-income units _____</p> <p style="padding-left: 20px;"># of moderate-income units _____</p> <p style="padding-left: 20px;"># of market-income units _____</p>
<p><u>Section 5:</u></p> <p>Length of Controls: _____ years</p> <p>Effective Date of Controls: __/__/__</p> <p>Expiration Date of Controls: __/__/__</p> <p>Average Length of Stay: _____ months (transitional facilities only)</p>	<p><u>Section 6:</u></p> <p>CO Date: __/__/__</p> <p>For licensed facilities, indicate licensing agency:</p> <p><input type="checkbox"/> DDD   <input type="checkbox"/> DMHS   <input type="checkbox"/> DHSS   <input type="checkbox"/> DCA   <input type="checkbox"/> DCF</p> <p><input type="checkbox"/> Other _____</p> <p>Initial License Date: __/__/__</p> <p>Current License Date: __/__/__</p>
<p><u>Section 7:</u></p> <p>Has the project received project-based rental assistance? ___ Yes ___ No; Length of commitment: _____</p> <p>Other operating subsidy sources: _____; Length of commitment: _____</p> <p>Is the subsidy renewable? ___ Yes ___ No</p>	
<p><u>Section 8: The following verification is attached:</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of deed restriction or mortgage and/or mortgage note with deed restriction (30-year minimum, HUD, FHA, FHLB, UHAC deed restriction, etc.)</li> <li><input type="checkbox"/> Copy of Capital Application Funding Unit (CAFU) or DHS Capital Application Letter (20 year minimum, no deed restriction required)</li> </ul>	
<p><u>Section 9:</u></p> <p>Residents 18 yrs or older? ___ Yes ___ No      Age-restricted? ___ Yes ___ No</p> <p>Population Served (describe): _____</p> <p>_____</p> <p>Accessible (in accordance with NJ Barrier Free Subcode)? ___ Yes ___ No</p>	



Section 10: Affirmative Marketing Strategy (check all that apply):

- DDD/DMHS/DHSS waiting list
- Affirmative Marketing Plan approved by the Council's Executive Director

**CERTIFICATIONS**

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

Certified by: \_\_\_\_\_ Date \_\_\_\_\_  
Project Administrator

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