

Lt. Governor Sheila Y. Oliver  
Chairman

Melanie R. Walter  
Executive Director

### **PREQUALIFIED APPRAISER APPLICATION**

**Complete an application for each appraiser in your firm you want approved.** Include with your application a copy of a signed sample appraisal prepared within the past five years for each type of appraisal you would like assigned. For Assisted Living approval, submit an appraisal for a project performed in N.J. within the past 12 months.

Your Name: _____	Home Phone: (____) _____
Name of Firm: _____	Firm Phone: (____) _____
Firm Fax #: (____) _____	E-mail Address: _____
Business Address: (Street) _____	
City: _____	State: _____ Zip Code: _____
Home Address: (Street) _____	
City: _____	State: _____ Zip Code: _____
NJ Appraiser License # _____	

**List Professional Certifications, Licenses, Designations, Membership Associations (attach photocopies):**

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
Did any of your Licenses, Designations and Certifications in N.J. or any other jurisdiction receive a review for a disciplinary action or a rescind order?
<input type="checkbox"/> Yes <input type="checkbox"/> No      (If Yes, attach full details)

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**Appraiser Employment History (From 1997 – Present):**

List employer(s) and describe the appraisal related positions held with each and nature of work performed (attach additional sheet, if required): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Specific Appraisal Experience:**

List the number of each type of appraisal you have completed in the past five years:

1. Total Single Family: \_\_\_\_\_ # of New Construction: \_\_\_\_\_ # of Resale: \_\_\_\_\_
2. Total 2 – 4 Single Family Homes: \_\_\_\_\_ # of New Construction: \_\_\_\_\_ # of Resale: \_\_\_\_\_
3. Total Single Family Condominiums: \_\_\_\_\_ # of New Construction: \_\_\_\_\_ # of Resale: \_\_\_\_\_  
# of Planned Unit Developments (PUD): \_\_\_\_\_ # of Reverse Mortgages: \_\_\_\_\_
4. Total Small Multifamily Projects (5-49 units): \_\_\_\_\_ # of New Construction: \_\_\_\_\_  
# of Moderate Rehabilitation: \_\_\_\_\_ # of Substantial Rehabilitation: \_\_\_\_\_
5. Total Medium Multifamily Projects (50-120 units): \_\_\_\_\_ # of New Construction: \_\_\_\_\_  
# of Moderate Rehabilitation: \_\_\_\_\_ # of Substantial Rehabilitation: \_\_\_\_\_
6. Total Large Multifamily Projects (over 120 units): \_\_\_\_\_ # of New Construction: \_\_\_\_\_  
# of Moderate Rehabilitation: \_\_\_\_\_ # of Substantial Rehabilitation: \_\_\_\_\_
7. Total Scattered Sites Multifamily Projects: \_\_\_\_\_ # of New Construction: \_\_\_\_\_  
# of Moderate Rehabilitation: \_\_\_\_\_ # of Substantial Rehabilitation: \_\_\_\_\_
8. Total Multifamily Mixed Use Projects: \_\_\_\_\_ # of New Construction: \_\_\_\_\_  
# of Moderate Rehabilitation: \_\_\_\_\_ # of Substantial Rehabilitation: \_\_\_\_\_

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**Other Appraisal Experience:**

List the number(s) and types(s) of special purpose appraisals you have completed in the past five years:

Assisted Living Facilities: \_\_\_\_\_ Assisted Living Facilities with Adult Day Care: \_\_\_\_\_

Group Homes: \_\_\_\_\_ Shared Housing: \_\_\_\_\_

Low Income Housing Tax Credits: \_\_\_\_\_ Historic Tax Credits: \_\_\_\_\_

Multifamily Housing Preservation: \_\_\_\_\_ Brownsfield/Redevelopment Areas: \_\_\_\_\_

List the number(s) and type(s) of any other appraisals for housing that included ancillary or levels of care service income that you have completed in the past five years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you specialize in any particular appraisal work?**

If so, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Indicate the types of appraisals you would like to be assigned:**

- |  |  |
|--|--|
| 1. Single Family (1-4 units): _____                      | 10. Group Homes: _____                     |
| 2. Multifamily: Small: ____ Medium: ____ Large: ____     | 11. Shared Housing: _____                  |
| 3. Low Income Housing Tax Credits                        | 12. Brownsfield/Redevelopment Areas: _____ |
| 4. Historic Tax Credits: _____                           |  |
| 5. Multifamily Housing Preservation: _____               |  |
| 6. Assisted Living Facilities: _____                     |  |
| 7. Assisted Living Facilities with Adult Day Care: _____ |  |
| 8. Multifamily Mixed Use: _____                          |  |
| 9. Scattered Sites: _____                                |  |

**Be sure to include a sample of each type of appraisal.**

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**List the Counties in which you want assignments:**

I want to be considered for work in every municipality on a statewide basis.

I want only to be considered for work in the following Counties:  
(And in all municipalities within each County checked)

- |                                     |                                     |                                   |
|-------------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Atlantic   | <input type="checkbox"/> Gloucester | <input type="checkbox"/> Ocean    |
| <input type="checkbox"/> Bergen     | <input type="checkbox"/> Hudson     | <input type="checkbox"/> Passaic  |
| <input type="checkbox"/> Burlington | <input type="checkbox"/> Hunterdon  | <input type="checkbox"/> Salem    |
| <input type="checkbox"/> Camden     | <input type="checkbox"/> Mercer     | <input type="checkbox"/> Somerset |
| <input type="checkbox"/> Cape May   | <input type="checkbox"/> Middlesex  | <input type="checkbox"/> Sussex   |
| <input type="checkbox"/> Cumberland | <input type="checkbox"/> Monmouth   | <input type="checkbox"/> Union    |
| <input type="checkbox"/> Essex      | <input type="checkbox"/> Morris     | <input type="checkbox"/> Warren   |

**Professional References:**

List three appraisal client references with current phone numbers. Appraisal assignments should have been performed within the past five years:

- 1) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Name) (Phone Number)  
\_\_\_\_\_  
(Address) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Fax Number)
- 2) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Name) (Phone Number)  
\_\_\_\_\_  
(Address) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Fax Number)
- 3) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Name) (Phone Number)  
\_\_\_\_\_  
(Address) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Fax Number)

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**Previous Experience as Expert Witness:**

Have you testified previously as an expert witness? If so, give details, locations and fee schedules (attach additional sheet, if required):

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**PLEASE READ THE POLICIES AND PROCEDURES CAREFULLY AND CHECK YOUR SUBMISSION TO BE CERTAIN THAT ALL THE REQUIRED INFORMATION IS ENCLOSED.**

**This application is submitted with the understanding and agreement that, if approved for HMFA appraisal assignments, you will:**

1. Prepare a form appraisal report (Single Family) or a narrative self-contained appraisal (Multifamily) demonstrating value **in full compliance with USPAP standards** and supply an appraiser's certification with the appraisal. With regard to multifamily appraisals, provide an analysis of the **intangible value associated with federal low-income housing tax credits and/or historic credits, if indicated** and, if so indicated, provide a sixteen year discounted cash flow analysis to estimate present value of the future cash flow and the reversionary value.
2. Perform a personal on-site, internal (where applicable) inspection of the property, be totally involved in the valuation process, and have sole responsibility for the report submission.
3. No portion of the appraisal assignment may be performed by a subcontractor.
4. Agree to comply with the timeframe stipulated by the HMFA at the time of assignment and/or Bid Request.
5. Supply the necessary photographs of the subject property and the comparable properties used in your valuation. Provide **four (4)** copies of a Multifamily appraisal report, and **two (2)** copies of a Single Family appraisal report.
6. Provide a "Delineation of Title" analysis history in the Multifamily appraisal report identifying each party associated with a deed conveyance for a **minimum** of 10 years or three transfer transactions.
7. Appear in court as an expert witness under a separate and agreed upon fee, if necessary.
8. Attend, without HMFA compensation, such appraisal workshops and seminars to keep your credentials current in regard to re-certification credits for each licensing cycle required by State Board of Real Estate Appraisers.
9. Provide evidence of your Errors and Omissions Insurance coverage at time of application.
10. Notify the HMFA immediately of any change to your status, credentials and/or insurance.

**The Appraisal report ordered and submitted is for the use of HMFA only. It is not to be used as a "Sample" or given to a third party without the written consent of New Jersey Housing and Mortgage Finance Agency.**

**AFFIRMATION**

**Applicant hereby affirms that the information given in this application is true and complete. The New Jersey Housing and Mortgage Finance Agency (HMFA) may make any inquiries it deems necessary to protect the interests of the Agency and the State. HMFA reserves the right to withhold all or part of the agreed upon fee in the event that the appraisal assignment is not completed in accordance with the Bid Request specifications.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name & Title**

**(Please print or type)**

\_\_\_\_\_  
**Company Name**

**(Please print or type)**