New Jersey Housing and Mortgage Finance Agency

Section 811 Project Rental Assistance Program

APPLICATION

New Jersey Housing and Mortgage Finance Agency
Asset Management
S811PRA@njhmfa.gov
637 South Clinton Ave.
Trenton, NJ 08650-2085

PART 1: APPLICANT INFORMATION

Applications will be accepted on a rolling basis until all Section 811 PRA are committed.
Each project will require a separate application.
For more information about the program go to
https://nj.gov/dca/hmfa/developers/supportivehousing/
or contact our 811 team at S811PRA@njhmfa.gov.

Applicant Name: _____

Contact Name: _____ Position/Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Phone: _____ Email: _____

Owner/Sponsor Name (If different from above): _____

Contact Name: _____ Position/Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Phone: _____ Email: _____

Mgmt. Company*: _____

Mgmt. Company: _____
**Fill the above even if it is self-managed*

Contact Name: _____ Position/Title: _____

Mgmt. Company Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Phone: _____ Email: _____

PART 2A: PROJECT INFORMATION

Project Type (check one): ☐ **New Construction/ Rehab Project** ☐ **Existing Project**
(Please complete the appropriate sections of this application based on your project type)

Project Name:_____ HMFA#:_____

Address:_____

City:_____ State:_____ Zip Code:_____ County:_____

Total No. of Units:_____

Total Sq. Footage:_____ Year Project was Built:_____

Type of Construction:_____ New:_____ Rehab:_____

Will these Section 811 units be set aside for tenants age 18-61? _____Yes _____No

Social Service Provider (if applicable):

Name:_____

Address:_____

City:_____ State:_____ Zip Code:_____

Contact Name:_____ Position/Title:_____

Phone:_____ Email:_____

PART 2B: PROJECT DESCRIPTION

Please provide a description of the property on a separate page that includes information such as amenities offered in the project, floor plan, accessibility of the unit, suitability of project site, description of the neighborhood and tenant services. Please include the number of units of and types of units to be set aside. Please also describe the property's policies regarding background checks and Tenant Selection Plan. The target population for the Section 811 PRA subsides are people with mental illness and/or intellectual and developmental disabilities who are living in state institutions or people with those diagnosis who are risk of institutionalization. NJHMFA also partnered with the New Jersey Division of Aging Services (DOAS) to serve individuals 18-61 who are leaving nursing home facilities.

Does the property unit mix reflect need of 811 PRA target population?_____ Yes _No

Will the property meet the geographic locations reflecting preferences of 811 PRA target population?

_____ Yes _____ No

Type of public transportation:

Bus: _____ Light Rail:_____ Other:_____

Nearest public transportation option (in miles): _____

Amenities will generally be considered readily available if they are within one-quarter mile walking distance or if they can be accessed within 15 minutes by public transportation or shuttle.

Access to employment opportunities and other community integration opportunities:

_____ Yes _____ No

Property Amenities:

☐ Fitness Center ❑ Washer/dryer on-site ❑ Other:_____

❑ Washer/dryer in-unit ❑ Community Room ❑ Other:_____

Please mark which utilities are paid by the tenant:

❑ Household Electric ☐Air Conditioning

❑ Cooking (choose ☐ GAS or ☐ ELECTRIC) ☐ Heat (choose ☐ GAS or ☐ ELECTRIC)

❑ Hot Water (choose ☐ GAS or ☐ ELECTRIC) ☐ Other:_____ (describe)

Current Occupancy and Vacancy for <u>Existing Projects</u>:

Please complete the chart below indicating the number of vacant and occupied units by bedroom size.

Unit Size	Number of 1 Bedroom Units
Occupied	
Vacant	

PART 3: NUMBER OF SECTION 811 PRA UNITS REQUESTED

(Please complete the appropriate section based on your project type)

For New Construction/Rehab Projects:

Total number of units requesting 811 subsidies: _____

One bedroom accessible units (34% AMI): _____

One bedroom non-accessible units (34% AMI): _____

Total number of units currently set aside for persons w/a disability other than the 811 subsidized units: _____

Total number of units presently receiving project based rental assistance payments: _____

For Existing Projects:

Total Number of Units Requesting 811 Subsidies:_____

One bedroom accessible units (34% AMI): _____

One bedroom non-accessible units (34% AMI):_____

Total Number of Units Currently Set Aside for Persons w/ a Disability other than the 811 Subsidized Units: _____

Total Number of Units Presently Receiving Project Based Rental Assistance Payments: _____

Participating developments must have the capability to execute and transmit tenant certification and recertification data (form HUD 50059) and voucher data (form HUD 52670) electronically to HMFA. HMFA will electronically transmit the data (HUD form 52670 and HUD 50059) to HUD via the Tenant Rental Assistance Certification Systems (TRACS) to receive payment. Once received and approved, HUD will wire payment of the monthly rental subsidy amount to HMFA through the HUD Electronic Line of Credit Control System (eLOCCS) and HMFA will distribute the subsidy payments to the development.

Current Software system:_____

PART 4: APPLICANT SIGNATURE

The undersigned applicant hereby makes application to NJHMFA for the Section 811 program.

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Please return the completed application and supporting documentation to the attention of:

Attn: Lavern Henry
Assistant Director of Asset Management
S811PRA@njhmfa.gov

New Jersey Housing and Mortgage
Finance Agency

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