Money Follows the Person Housing Partnership Program

APPLICATION

NJ Housing Mortgage and Finance Agency
637 South Clinton Ave.
PO Box 18550
Trenton, NJ 08625

NJ Department of Human Services
Division of Aging Services
12 Quakerbridge Plaza
Mercerville, NJ 08619

Revised 4/18/2023

Money Follows the Person Housing Partnership Program (MFPHPP)

Application

Applicants must apply for NJHMFA traditional bond financing to be eligible for MFPHPP funding. Projects applying to the Conduit Bond Financing Program are not eligible for MFPHPP. Applications will be accepted on a rolling basis until all MFPHPP funds are committed.

PART 1: APPLICANT INFORMATION

Applicant Name:_____

Contact Name:_____Position/Title:_____

Mailing Address:_____

City:_____State:_____Zip Code:_____County:_____

Phone:_____ Email:_____

Developer/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 2: PROJECT INFORMATION AND DESCRIPTION

Project Name:_____NJHMFA#:_____

Address:_____

City:_____State:_____Zip Code:_____County _____

On a separate page, p lease provide a description of the property that includes information such as the floor plan, more information about accessibility features, proximity to community resources such as employment opportunities, grocery stores, banks etc., transportation networks and tenant services. Please also briefly describe your experience with supportive housing and the property's policies regarding background checks and the Tenant Selection Plan."

On-site Social Service Coordinator:

Are there plans to hire an on-site Service Coordinator? Yes or No (circle one)

If yes, what type of services will be provided by this individual: _____

_____

_____

_____

Public Transportation:

Nearest public transportation option (in miles):

_____

Type: Bus:_____Light Rail:_____Other:_____

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)*

PART 3: NUMBER OF UNITS REQUESTED

Total number of units at the property:_____

Total number of MFPHPP 1 bedroom units requested: _____

Projects Under Construction:

Number of one bedroom accessible units: ____

Number of one- bedroom units at 20% AMI: _

Total number of units currently planned to be set aside for persons with special needs. Do not include requested MFPHPP units in this number:_____

Do you plan to request HUD 811 project based vouchers for the MFPHPP Units: Y or N

If yes, # of 811 vouchers requested: _____

Date 811 application submitted to HMFA Asset Management Division: _____

The undersigned applicant hereby makes application to NJHMFA for the Money Follows the Person Housing Partnership Program (MFPHPP).

Number of Requested MFPHPP One-Bedroom Units: _____

Signature: _____

Printed Name:_____

Title:_____

Required Accessibility Features for MFPHPP Units

- **Kitchen:**
  - **Cut outs under sink and counter for wheelchair access**
  - **Stove must have from controls**
  - **Refrigerator must have freezer on top**
- **Bathroom:**
  - **Cut out under sink for wheelchair access**
  - **Roll-in shower**
  - **Grab bars in shower and around toilet**
- **Laundry (if in unit)**
  - **Front loading washer and dryer**
- **Entire Unit:**
  - **Hard surface flooring (no carpet)**
  - **Lowered heating/cooling thermostats**

Please return the completed application and supporting documentation to:

- **Donna Mazyck , MFP Project Director: Donna.Mazyck@dhs.nj.gov**

For questions related to project financing and technical assistance please email your questions to:

- **NJHMFA_Multifamily@njhmfa.gov**