

PART I — PROJECT INFORMATION SUMMARY

This form must be completed for all projects.

All documents listed on page 12–15 must be received for the application to be processed.

PROGRAM(S) YOU ARE APPLYING FOR (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> HMFA Financing
<input type="checkbox"/> Construction Financing Only
<input type="checkbox"/> Permanent Financing Only
<input type="checkbox"/> Construction/Permanent
<input type="checkbox"/> Tax-Exempt Bonds (Volume Cap)
<input type="checkbox"/> 501(c)(3) Tax-Exempt Bonds
<input type="checkbox"/> Taxable Bonds
<input type="checkbox"/> Conduit Bonds
<input type="checkbox"/> Hospital Partnership Subsidy Program
<input type="checkbox"/> Special Needs Housing Trust Fund
<input type="checkbox"/> Special Needs Housing Subsidy Loan Program | <input type="checkbox"/> Low-Income Housing Tax Credits
<input type="checkbox"/> 4% credit (tax-exempt bond-financed)
<input type="checkbox"/> 9% credit (not tax-exempt bond-financed)

<input type="checkbox"/> Preservation Financing
<input type="checkbox"/> HMFA Portfolio
<input type="checkbox"/> Section 8 Project

Date Current Mortgage Expires: _____
Date IRP or HAP Expires: _____ |
|--|---|

9% Multifamily Rate Lock Program

Money Follows the Person*
 Section 811 Rental Subsidy*

**Separate application required. Info & application can be found at: <https://nj.gov/dca/hmfa/developers/supportivehousing/>*

Community Development Block Grant-Disaster Recovery (CDBG-DR) CLOSED

Coronavirus State and Local Fiscal Recovery Funds (SLFRF) \$ _____ (Amount Requested)

Affordable Housing Gap Subsidy Program (AHGS) **CLOSED**

Affordable Housing Production Fund (AHPF) (4% Tax-Exempt Program)
***For AHPF applications, please submit the Approved Mount Laurel Fair Share Settlement Agreement.*

Affordable Housing Production Fund SET-ASIDE (9% Taxable Program)
***2024 9% applicants are not eligible due to expenditure deadline.*

Workforce Housing Program (WHP) Location of WHP Project: _____
***2024 9% applicants are not eligible due to expenditure deadline.*

Urban Preservation Program (UPP) Location of UPP Project: _____
***2024 9% applicants are not eligible due to expenditure deadline.*

Select eligibility requirement for UPP:

- Rehabilitate at least 50 percent of total dwelling units within a multiple dwelling (25+ units) to be used as affordable housing;
- Renovate and preserve existing affordable housing units that have reached or are approaching the end of the periods of affordability controls established pursuant to the “Fair Housing Act
- Construct a multiple dwelling to replace an existing multiple dwelling (25+ units) utilized for affordable housing, provided that the number of affordable housing units in the new development is equal to or exceeds the affordable units in the existing multiple dwelling.

PROJECT INFORMATION

Project Name (as it will appear on mortgage documents): _____

Primary Street Address for Project: _____ City: _____ County: _____ ZIP Code: _____

Latitude: _____°N Longitude: _____°W Congressional District: _____ State Senate/Assembly District: _____
 (Please provide GPS coordinates to at least four decimal places.)

Building Address	Block	Lot	Census Tract #	Construction Type Code*	Building Type Code**	# of Stories	# of Residential Stories	Elevator (Y/N)	# of Units	# of Special Needs Beds

(If more space is needed, see last page.)

Number of Currently Occupied DU's: _____ Total Number of Units: _____

***R** = Rehab; **NC** = New Construction; **AO** = Acquisition Only
 ****LR** = Lo-Rise (1-4 stories); **MHR** = Mid-/High-Rise (5+ stories); **GA** = Garden Apartments; **RT** = Rowhouse/Townhouse; **SD** = Semi-detached; **SF** = Single-Family

CONSTRUCTION TYPE: (Please check all that apply.)

- Rehabilitation/Vacant
- Rehabilitation/Occupied
- Moderate Rehabilitation
- Substantial Rehabilitation
- Gut Rehabilitation
- Conversion
- Historic
- New Construction
- Modular

WAGE TYPE:

(Please indicate the type of wages that apply.)

- NJ Prevailing
- Davis-Bacon
- Open Shop

PROJECT CLASSIFICATION: (Please check all that apply.)

- Family
- Senior Citizens*
- Nonprofit-Sponsored
- Scattered Site Single-Family
- Scattered Site Duplex
- Supportive Housing
- Market-Rate Units
- Ready to Grow Area
- Planning Area _____
- Energy Star Homes
- Energy Benchmarking
- Green Tax Credit Points
- Enterprise Green Communities
- National Green Building Standard
- Living Building Challenge
- NJ Zero Energy Ready Homes
- Passive House
- LEED Certification

PROJECT DESCRIPTION

Site acreage: _____ acres

Number of buildings: _____

Number of buildings containing low-income units: _____

Number of buildings containing special needs units: _____

Gross Square Footage: _____ sq. ft.

Total residential square footage: _____ sq. ft.

Total low-income residential square footage: _____ sq. ft.

UNIT DISTRIBUTION (Do not include non-revenue units)

Type of Unit (1BR, 2BR, etc.)	# of Affordable Units (up to 60%)	# of Moderate-Income Units (>60% to 80%)	# of Market-Rate Units	For Workforce Housing Units ONLY (>80% to 120%)	# of Special Needs Units (included in # of Affordable Units)	TOTAL UNITS
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
<u>TOTAL</u>	_____	_____	_____	_____	_____	_____

NON-REVENUE UNITS: Indicate number of units, BR count and intended use (e.g., super's unit). _____

NUMBER OF LIHTC UNITS: _____

Is a superintendent's unit included in the LIHTC units? Yes _____ No _____

If not, will the superintendent's unit be income restricted? Yes _____ No _____

NUMBER OF MOUNT LAUREL UNITS: _____

SITE SECURITY

How will site security be addressed in the building(s)? Check off Type(s):

- Cameras
- On-Site Security
- Monitors
- Armed Security
- Card Entry
- Other: _____

AGE-FRIENDLY SENIOR PROJECT (If applicable, must only check one)

Please indicate below which category of exempt “housing for older persons” (as defined by the Fair Housing Act) the project will meet:

- At least 80 percent of the occupied units in the building will be occupied by at least one person 55 years or older and the property will be clearly intended for older persons as evidenced by policies and procedures that demonstrate the intent that the property be housing for older persons (55+).

NOTE: This option should be selected for senior projects that will be setting aside units for special needs and seeking financing from the Special Needs Housing Trust Fund, as units financed by the Special Needs Housing Trust Fund may not be age-restricted to individuals age 55 and older.

- ALL the residents of the project will be 62 or older.
- The Secretary of HUD has designated the project as housing for older persons (attach documentation).

***NOTE: Units financed by Special Needs Program Funds may not be age-restricted to individuals age 55 and older.**

PROJECT DEVELOPMENT SCHEDULE

Month and Year (MM/YY)

- Preliminary Site Plan Approval _____
- Final Site Plan Approval _____
- Local, County and/or State Planning and Variance Approvals _____
- Local, County and/or State Environmental Approvals _____
- Closing and Transfer of Property _____
- Construction Start _____
- Construction Completion _____
- Lease-Up _____
- Expenditure of 10% of Reasonably Expected Basis (if applicable) _____
- Anticipated Placed-in-Service Date _____
- Anticipated Completion of Rent-Up _____
- Anticipated Start of Compliance Period _____

APPLICANT INFORMATION

Applicant: _____
 Address: _____
 City: _____ State: _____ ZIP Code: _____
 Telephone: _____ Fax: _____

Principals: _____

Contact Person/Consultant: _____
 Title: _____
 Company: _____
 Address: _____
 City: _____ State: _____ ZIP Code: _____
 Telephone: _____ Fax: _____ Email: _____

The contact person named will be the only person with whom NJHMFA corresponds. Changes to the contact person must be submitted in writing.

- Applicant is current owner and will retain ownership.
- Applicant is the project developer and will be part of the final ownership entity.
- Applicant is the project developer and will not be part of the final ownership entity.
- Other: Applicant is _____.

Will property be sold or transferred by the applicant?

- No
- Yes, prior to project being placed in service (provide name of the purchasing entity and experience of its principals):

- Yes, within two years of being placed in service (provide date, name of purchasing entity, and experience of its principals.)

Name of Final Ownership Entity: _____

Currently Exists Tax ID #: _____
 To be Formed Expected Date: _____

Final Ownership Entity is/will be:
 Limited Partnership LLP or LLC

Attach a diagram depicting the organizational structure of the final ownership entity.

LIST OF AUTHORIZED SIGNATORIES

The persons listed below are the only people authorized to sign official documents submitted to HMFA. Any change to this list must be in writing.

PRINT NAME	PRINT TITLE/AFFILIATION	SIGNATURE
_____	_____	_____
_____	_____	_____
_____	_____	_____

DEVELOPMENT TEAM RÉSUMÉS

Insert brief résumés for the sponsor(s), developer(s), general partner(s), voting member(s), and limited partner, and complete the list of Development Team Members below. **Please include full address (street, city, state, ZIP).**

Sponsor/Borrowing Entity Identified (provide details) To be determined Not applicable to this project
 Name: _____ Tax ID #: _____
 Address: _____
 City: _____ State: _____ ZIP Code: _____
 Phone #: _____ Fax #: _____ Email: _____
 NJ Certified Minority and/or Women Business Enterprise (M/WBE): Yes No
 Certified M/WBE Vendor ID #: _____

Developer Identified (provide details) To be determined Not applicable to this project
 Name: _____ Tax ID #: _____
 Address: _____
 City: _____ State: _____ ZIP Code: _____
 Phone #: _____ Fax #: _____ Email: _____
 NJ Certified Minority and/or Women Business Enterprise (M/WBE): Yes No
 Certified M/WBE Vendor ID #: _____

Guarantor Identified (provide details) To be determined Not applicable to this project
 Name: _____ Tax ID #: _____
 Address: _____
 City: _____ State: _____ ZIP Code: _____
 Phone #: _____ Fax #: _____ Email: _____
 NJ Certified Minority and/or Women Business Enterprise (M/WBE): Yes No
 Certified M/WBE Vendor ID #: _____

General Contractor Identified (provide details) To be determined Not applicable to this project
 Name: _____ Tax ID #: _____
 Address: _____
 City: _____ State: _____ ZIP Code: _____
 Phone #: _____ Fax #: _____ Email: _____
 NJ Certified Minority and/or Women Business Enterprise (M/WBE): Yes No
 Certified M/WBE Vendor ID #: _____

General Partner Identified (provide details) To be determined Not applicable to this project
 Name: _____ Tax ID #: _____
 Address: _____
 City: _____ State: _____ ZIP Code: _____
 Phone #: _____ Fax #: _____ Email: _____
 NJ Certified Minority and/or Women Business Enterprise (M/WBE): Yes No
 Certified M/WBE Vendor ID #: _____

Voting Member (LLCs) Identified (provide details) To be determined Not applicable to this project
 Name: _____ Tax ID #: _____
 Address: _____
 City: _____ State: _____ ZIP Code: _____
 Phone #: _____ Fax #: _____ Email: _____
 NJ Certified Minority and/or Women Business Enterprise (M/WBE): Yes No
 Certified M/WBE Vendor ID #: _____

Construction Lender Identified (provide details) To be determined Not applicable to this project
 Name: _____ Tax ID #: _____
 Address: _____
 City: _____ State: _____ ZIP Code: _____
 Phone #: _____ Fax #: _____ Email: _____
 NJ Certified Minority and/or Women Business Enterprise (M/WBE): Yes No
 Certified M/WBE Vendor ID #: _____

Limited Partner Identified (provide details) To be determined Not applicable to this project
 Name: _____ Tax ID #: _____
 Address: _____
 City: _____ State: _____ ZIP Code: _____
 Phone #: _____ Fax #: _____ Email: _____
 NJ Certified Minority and/or Women Business Enterprise (M/WBE): Yes No
 Certified M/WBE Vendor ID #: _____

Management Company Identified (provide details) To be determined Not applicable to this project
 Name: _____ Tax ID #: _____
 Address: _____
 City: _____ State: _____ ZIP Code: _____
 Phone #: _____ Fax #: _____ Email: _____
 NJ Certified Minority and/or Women Business Enterprise (M/WBE): Yes No
 Certified M/WBE Vendor ID #: _____

Architect Identified (provide details) To be determined Not applicable to this project
 Name: _____ Tax ID #: _____
 Address: _____
 City: _____ State: _____ ZIP Code: _____
 Phone #: _____ Fax #: _____ Email: _____
 NJ Certified Minority and/or Women Business Enterprise (M/WBE): Yes No
 Certified M/WBE Vendor ID #: _____

Attorney Identified (provide details) To be determined Not applicable to this project
 Name: _____ Tax ID #: _____
 Address: _____
 City: _____ State: _____ ZIP Code: _____
 Phone #: _____ Fax #: _____ Email: _____
 NJ Certified Minority and/or Women Business Enterprise (M/WBE): Yes No
 Certified M/WBE Vendor ID #: _____

Accountant Identified (provide details) To be determined Not applicable to this project
 Name: _____ Tax ID #: _____
 Address: _____
 City: _____ State: _____ ZIP Code: _____
 Phone #: _____ Fax #: _____ Email: _____
 NJ Certified Minority and/or Women Business Enterprise (M/WBE): Yes No
 Certified M/WBE Vendor ID #: _____

Market Analyst Identified (provide details) To be determined Not applicable to this project
 Name: _____ Tax ID #: _____
 Address: _____
 City: _____ State: _____ ZIP Code: _____
 Phone #: _____ Fax #: _____ Email: _____
 NJ Certified Minority and/or Women Business Enterprise (M/WBE): Yes No
 Certified M/WBE Vendor ID #: _____

Professional Planner Identified (provide details) To be determined Not applicable to this project
 Name: _____ Tax ID #: _____
 Address: _____
 City: _____ State: _____ ZIP Code: _____
 Phone #: _____ Fax #: _____ Email: _____
 NJ Certified Minority and/or Women Business Enterprise (M/WBE): Yes No
 Certified M/WBE Vendor ID #: _____

Environmental Consultant Identified (provide details) To be determined Not applicable to this project
 Name: _____ Tax ID #: _____
 Address: _____
 City: _____ State: _____ ZIP Code: _____
 Phone #: _____ Fax #: _____ Email: _____
 NJ Certified Minority and/or Women Business Enterprise (M/WBE): Yes No
 Certified M/WBE Vendor ID #: _____

Historical Consultant Identified (provide details) To be determined Not applicable to this project
 Name: _____ Tax ID #: _____
 Address: _____
 City: _____ State: _____ ZIP Code: _____
 Phone #: _____ Fax #: _____ Email: _____
 NJ Certified Minority and/or Women Business Enterprise (M/WBE): Yes No
 Certified M/WBE Vendor ID #: _____

Solar Installer Identified (provide details) To be determined Not applicable to this project
 Name: _____ Tax ID #: _____
 Address: _____
 City: _____ State: _____ ZIP Code: _____
 Phone #: _____ Fax #: _____ Email: _____
 NJ Certified Minority and/or Women Business Enterprise (M/WBE): Yes No
 Certified M/WBE Vendor ID #: _____

LEED Professional Identified (provide details) To be determined Not applicable to this project
 Name: _____ Tax ID #: _____
 Address: _____
 City: _____ State: _____ ZIP Code: _____
 Phone #: _____ Fax #: _____ Email: _____
 NJ Certified Minority and/or Women Business Enterprise (M/WBE): Yes No
 Certified M/WBE Vendor ID #: _____

Project Development Consultant Identified (provide details) To be determined Not applicable to this project
 Name: _____ Tax ID #: _____
 Address: _____
 City: _____ State: _____ ZIP Code: _____
 Phone #: _____ Fax #: _____ Email: _____
 NJ Certified Minority and/or Women Business Enterprise (M/WBE): Yes No
 Certified M/WBE Vendor ID #: _____

Syndicator Identified (provide details) To be determined Not applicable to this project
 Name: _____ Tax ID #: _____
 Address: _____
 City: _____ State: _____ ZIP Code: _____
 Phone #: _____ Fax #: _____ Email: _____
 NJ Certified Minority and/or Women Business Enterprise (M/WBE): Yes No
 Certified M/WBE Vendor ID #: _____

Social Service Provider Identified (provide details) To be determined Not applicable to this project
 Name: _____ Tax ID #: _____
 Address: _____
 City: _____ State: _____ ZIP Code: _____
 Phone #: _____ Fax #: _____ Email: _____
 NJ Certified Minority and/or Women Business Enterprise (M/WBE): Yes No
 Certified M/WBE Vendor ID #: _____

Municipal Contact
 Name: _____ Title: _____
 Address: _____
 City: _____ State: _____ ZIP Code: _____
 Phone #: _____ Fax #: _____ Email: _____

***** FOR PROJECTS REQUESTING HMFA FINANCING AND/OR SUBSIDY *****

[NOTE: DO NOT COMPLETE IF APPLYING FOR TAX CREDITS ONLY]

INCOME RESTRICTIONS (for purposes of qualifying for Tax-Exempt Bond Financing under 26 U.S.C. § 142(a)(7))

This test will impact the return on equity calculation pursuant to *N.J.A.C. 5:80-3*.

- 60% of County Median Income Adjusted for Family Size
- 50% of County Median Income Adjusted for Family Size
- Average Income under 60% (or Income Averaging)
Projects seeking 9% tax credits may not elect this set-aside at application

ADDITIONAL SITE INFORMATION

Commercial Space: Provide details as to how the space will be used, whether it will be rented to a third party, the terms and conditions of that lease, and the square footage.

Community and Social Service Space: Provide details as to how the space will be used, whether it will be rented to a third party, the terms and conditions of that lease, and the square footage.

Ancillary Buildings: Examples of ancillary buildings include garages and community buildings. Provide details as to how the space will be used and the square footage.

On-Site Office: Identify where the on-site management office will be located and the functions to be performed in that office.

Current Zoning:

Is site zoned properly for proposed usage? Yes No

Parking:

Is there sufficient parking available on-site in accordance with code? Yes No
 If not, what other arrangements are being made? _____

Site Control:

Form of Ownership

- Fee Simple
- Leasehold

If ownership is fee simple, does the applicant:
 currently own the site? Yes No
 or optioned? Yes No

List Current Owner of Site: _____

Other (specify): _____

Attach copies of deed, option agreement, or contract to purchase. If site control is to be in the form of leasehold, attach copy of lease and list all financial encumbrances on the site.

Are there any easements or other restrictions on the site? (Specify) _____

If municipality owns the site, are there any non-monetary conditions for conveyance such as a reverter provision?

Purchase Price:

Of property already acquired: \$ _____
 Of property to be acquired: \$ _____
 TOTAL \$ _____

Present Tax Rate of Municipality:

(Per \$100) \$ _____ Equalization Rate _____

Tax Abatement:

Has the municipality designated any Areas in Need of Redevelopment? Yes No
 Has tax abatement been granted? Yes No
 If yes, indicate the statute under which said abatement was granted as well as the terms and conditions (i.e., Agency Statute, Long-Term, or Other). _____

Property Tax Exemption (if applicable):

Please specify the term and status of the property tax exemption and include documentation in your application submission.

If New Construction, indicate the availability of utilities:

			Distance from Site?
Water	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Storm Sewer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Sanitary Sewer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Gas	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Electric	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Rubbish Removal	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

Is sewer capacity available? Yes No

Is sewer capacity subject to review by the NJ Department of Environmental Protection? Yes No

Has a Phase I Environmental Assessment been performed? Yes No
 If yes, provide a copy with the application.

Resolution of Need:

Has the municipality determined that the project will meet or meets an existing housing need?
 Yes No

If yes, attach the Resolution of Need or equivalent documentation.

NOTE: The Agency *must* have a Resolution of Need (or equivalent documentation as per P.L.2024, c.5) in order to process applications for Multifamily and Preservation financing, or Subsidy Loan Program.

ADDITIONAL APPLICANT INFORMATION

Type of Applicant

- | | | | |
|--------------------------|-------------|--------------------------|---------------------|
| <input type="checkbox"/> | For-Profit | <input type="checkbox"/> | Nonprofit |
| <input type="checkbox"/> | LLP or LLC | <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Corporation | <input type="checkbox"/> | Partnership |

Indicate the statute under which you are formed. _____

Indicate affiliated entities. _____

<p><u>Ownership Entity's Official Name:</u> _____ (Must be exactly as it will appear in mortgage documents.)</p>
--

List all principals of the ownership entity.

Principals of Development/Entity and Percentage of Ownership:

Principals of Land Ownership Entity and Percentage of Ownership:

REQUIRED SUBMISSIONS FOR MULTIFAMILY OR SPECIAL NEEDS FINANCING

The following information must be submitted electronically through the Leap File System (link below). *Applications will neither be processed nor assigned to a credit officer until the application fee and all required documents have been submitted.* Upon uploading the application, please contact Ivelisse Melendez-Aguirre imelendezaguirre@njhmfa.gov or Karen Howland KHowland@njhmfa.gov, of the Multifamily Division, for wiring instructions to submit the application fee.

<https://njhmfa.leapfile.net>

*Please upload the application in Leap File to the attention of NJHMFA_Multifamily@njhmfa.gov. The required documents should be uploaded as separate files, labeling each individually.

Non-Refundable Application Fees:

Multifamily Financing

Traditional Financing - \$5,000
Conduit Financing - \$7,500

Special Needs Financing

Special Needs Housing Trust Fund (SNHTF) - \$1,000
Special Needs Housing Subsidy Loan Program (SNHSLP) - \$1,000

Subsidy Funding — Coronavirus State and Local Fiscal Recovery Funds

Affordable Housing Production Fund (AHPF) - \$1,000
Affordable Housing Production Fund SET-ASIDE (AHPFSA) - \$1,000
Workforce Housing Program (WHP) - \$1,000
Urban Preservation Program (UPP) - \$1,000

Document Requirements for a Traditional Financing Application:

1. UNIAP Part I Application*
2. Project Narrative & Scope of Work
3. Proforma — Form 10 / Cash Flow*
4. General Site Location Map with tax map showing lot and block
5. Résumés for Sponsor
6. Evidence of Site Control (Deed, Option Agreement, Contract of Sale)
7. Preliminary Drawings
8. Financing Commitments
9. Resolution of Need
10. If Special Needs Financing is involved, see those requirements below.

Document Requirements for a Conduit Financing Application:

1. UNIAP Part I Application*
2. Project Narrative & Scope of Work
3. Proforma — Form 10 / Cash Flow*
4. General Site Location Map with tax map showing lot and block
5. Résumés for Sponsor
6. Evidence of Site Control (Deed, Option Agreement, Contract of Sale)
7. Financing Commitments
8. Financing Cost Comparison
9. Preliminary Capital Needs Assessment (rehab only)
10. Resolution of Need
11. Finalized bond structure with financing narrative; selection of underwriter
12. If Special Needs Financing is involved, see those requirements below.

*Agency form documents must be used.

Document Requirements for Special Needs Financing:

In addition to the above required application documents, the following must be submitted for Special Needs financing.

1. Social Services Plan
2. Evidence of Social Service Agreement(s)
3. Evidence of rental assistance, if applicable.
4. NJ Department of Human Services letter of support
5. Opinion from developer’s counsel that the units may be leased to tenant population
6. Special Needs Application Design Checklist
7. Evidence of 20% non-Agency capital funds leverage for Special Needs Only-Financed projects

Document Requirements for Affordable Housing Production Fund:

In addition to the above required application documents, the following must be submitted:

- Approved Mount Laurel Fair Share Settlement Agreement.
 - A Certified Minority and/or Women Business Enterprise (certified M/WBE) with at least a 20 percent interest in the general partner/managing member
- OR
- Pledge to expend a sum equaling at least 20 percent of construction cost on contractors, subcontractors, and material suppliers which are certified M/WBEs, as defined at N.J.A.C. 5:80-33.2.

Document Requirements for Affordable Housing Production Fund SET-ASIDE (Agency-Financed Projects):

Project must have satisfied Part I and Part II of the document checklist, which can be found at:

- https://nj.gov/dca/hmfa/developers/docs/multifamily/mf_perm_only_checklist.pdf
- https://nj.gov/dca/hmfa/developers/docs/multifamily/mf_constr_and_constr_and_perm_checklist.pdf

Applications will neither be processed nor assigned to a credit officer until the application fee and all required documents have been submitted.

Document Requirements for Affordable Housing Production Fund SET-ASIDE (Tax Credit-Only Projects):

Project must have satisfied Part I of the document checklist, which can be found at:

- https://nj.gov/dca/hmfa/developers/docs/multifamily/AHPFSA_TaxCreditOnly_CHECKLIST.pdf

Applications will neither be processed nor assigned to a credit officer until the application fee and all required documents have been submitted.

Document Requirements for Workforce Housing Program (WHP):

Project must have satisfied Part I of the document checklist, which can be found at:

- https://nj.gov/dca/hmfa/developers/docs/multifamily/mf_perm_only_checklist.pdf
- https://nj.gov/dca/hmfa/developers/docs/multifamily/mf_constr_and_constr_and_perm_checklist.pdf

Applications will neither be processed nor assigned to a credit officer until the application fee and all required documents have been submitted.

Document Requirements for Urban Preservation Program (UPP):

Project must have satisfied Part I of the document checklist, which can be found at:

https://nj.gov/dca/hmfa/developers/docs/multifamily/mf_perm_only_checklist.pdf

https://nj.gov/dca/hmfa/developers/docs/multifamily/mf_constr_and_constr_and_perm_checklist.pdf

Applications will neither be processed nor assigned to a credit officer until the application fee and all required documents have been submitted.

Please note a separate tax credit application is required, even if the project has applied for financing from a separate Agency division. See the current LIHTC Application for more details on submission requirements.

Applicants are under a continuing affirmative obligation to advise NJHMFA of any changes to any aspect of the proposed development and provide relevant information as it becomes available. NJHMFA shall require the owner to certify and may require further documentation to verify that all representations made in this application concerning the proposed development are, and continue to be, true. Please refer to the QAP for additional information regarding the applicant's obligation.

***** FOR PROJECTS REQUESTING FINANCING FOR SUPPORTIVE HOUSING UNITS *****

Total No. of Units in the Project: _____
 No. of Special Needs Units: _____
 No. of Special Needs Beds: _____

Special Needs Population(s) to be Served:

- | | | | |
|--------------------------|---|--------------------------|---|
| <input type="checkbox"/> | Individuals with mental illness | <input type="checkbox"/> | Individuals and families who are homeless |
| <input type="checkbox"/> | Individuals with physical disabilities | <input type="checkbox"/> | Disabled and/or homeless veterans |
| <input type="checkbox"/> | Individuals with developmental disabilities | <input type="checkbox"/> | Individuals with AIDS/HIV |
| <input type="checkbox"/> | Victims of domestic violence | <input type="checkbox"/> | Individuals in treatment for substance abuse |
| <input type="checkbox"/> | Adults and youth with criminal records | <input type="checkbox"/> | Individuals transitioning out of nursing homes |
| <input type="checkbox"/> | Youth aging out of resource family care | <input type="checkbox"/> | Individuals in other emerging special needs group |
| <input type="checkbox"/> | Runaway and homeless youth | | identified by State agencies: _____ |

NOTE: Units financed by Special Needs Program Funds may not be age-restricted to individuals age 55 and older.

Type of Housing:

- Supportive Housing Community Residence

If the project will be licensed, please indicate which State agency will be licensing it:

- Department of Human Services, Division of Mental Health and Addiction Services
 Department of Human Services, Division of Developmental Disabilities
 Department of Human Services, Division of Aging Services
 Department of Children and Families
 Department of Health

Indicate source(s) of funding for Rental Assistance:

Federal Source(s): _____ \$ Amount: _____ No. of Units: _____
 State Source(s): _____ \$ Amount: _____ No. of Units: _____
 Other Source(s): _____ \$ Amount: _____ No. of Units: _____

Indicate source(s) of funding for Supportive Services:

Federal Source(s): _____ \$ Amount: _____ No. of Units: _____
 State Source(s): _____ \$ Amount: _____ No. of Units: _____
 Other Source(s): _____ \$ Amount: _____ No. of Units: _____

Has the Special Needs Application Design Checklist been completed?

- Yes
 No

Property Management Entity: _____

***** FOR PROJECTS REQUESTING LOW-INCOME HOUSING TAX CREDITS *****

CYCLE TO WHICH YOU ARE APPLYING:

- Family Mixed-Income Reserve in TUM
- Age-Friendly Senior
- Supportive Housing
- Volume Cap (4% Tax Credits)

SET-ASIDE TO WHICH YOU ARE APPLYING:

- Mixed-Income Outside of TUM
- Preservation

TYPE(S) OF TAX CREDIT REQUESTED

- Acquisition
- New Construction
- Rehabilitation

AMOUNT OF ANNUAL TAX CREDIT REQUESTED:

(Total must be supported by Breakdown of Costs & Basis)
 \$_____ 9% tax credit
 \$_____ 4% tax credit

 \$_____ TOTAL

Is the project a current Low-Income Housing Tax Credit project? If so, please provide the LITC # or LITC #'s: _____

**Please note that Building Identification Numbers (BINs) cannot change. Once BINs are issued by NJHMFA and reported to the IRS, they will remain the same even in the case of re-syndication.*

APPLICABLE FRACTION

Unit Fraction (see unit chart on page 3): _____ Affordable Units (up to 60% AMI) /
 _____ Total Units
 = _____ %

Floor Space Fraction: _____ low-income residential square footage /
 _____ total residential square footage
 = _____ %

The LESSER of the Unit Fraction and the Floor Space Fraction = _____ %

FEDERAL SET-ASIDE (must select one)

- 40% AT 60%

40-60 set-aside means 40% or more of the residential units will be rent-restricted and occupied by households with incomes 60% or less of the area median income.

- 20% AT 50%

20-50 set-aside means 20% or more of the residential units will be rent-restricted and occupied by households with incomes 50% or less of the area median income.

NOTE: If this election is selected, *all* tax credit units must be restricted to no more than 50% of the area median income adjusted for family size. For example, if the project has an applicable fraction of 100%, then 100% of the units must be restricted to 50% of the area median income adjusted for family size.

- Average Income under 60% (Income Averaging)

*** Projects seeking 9% tax credits may not elect this set-aside at application. ***

Every unit will be designated at 10% increments ranging from 20% of AMI up to 80% of AMI and will be rent-restricted and occupied by households whose incomes are less the designated income limitation. No more than 4 income designations may be selected, and the average of all designated income limitations shall not exceed 57.5% of AMI. There must be a proportionate mix of units at each income designation, unless otherwise required. PLEASE NOTE: Developer must notify the Agency at time of Carryover of their set-aside election, which will be officially

designated at 8609 and fixed for the compliance period. The income designations of the units may not change without express Agency approval, even in the case of the Next Available Unit rule. Only 100% affordable and multi-building projects are eligible for the Average Income set-aside. This set-aside is not permitted on re-syndication deals.

This irrevocable election will be reflected in the Deed of Easement & Restrictive Covenant & IRS Form 8609 Part II.

CERTIFICATION

In order to provide for the effective coordination of the New Jersey Low-Income Housing Tax Credit Program and the Internal Revenue Code of 1986, as amended (“Code”), the Qualified Allocation Plan and this Application shall be construed and administered in a manner consistent with the Code and regulations promulgated thereunder.

Compliance with the requirements of the Code is the sole responsibility of the owner of the building for which the credit is allowable. NJHMFA makes no representations to the owner or anyone else as to compliance with the Code, Treasury regulations, or any other laws or regulations governing Low-Income Housing Tax Credits or as to the financial viability of any project. All applicants should consult their tax accountant, attorney, or advisor as to the specific requirements of Section 42 of the Code governing the Federal Low-Income Housing Tax Credit Program.

In signing this document, I (we) (undersigned), certify that all information, included for the purpose of applying for Low-Income Housing Tax Credits, is accurate and true. I (we) acknowledge that New Jersey Housing and Mortgage Finance Agency is relying on said information, and thereby acknowledge that I (we) are under a continuing obligation to notify NJHMFA in writing of any changes to the information in the application. I (we) understand that any failure to provide relevant information or any submission of incorrect information may result in NJHMFA’s refusal to issue the IRS Form 8609 for the project and/or possible barring from future participation in NJHMFA’s Low-Income Housing Tax Credit Program.

APPLICANT’S SIGNATURE: _____

DATE: _____

PREPARED BY: _____
(if different from applicant) Signature

Name (Print)

Title (Print)

DATE: _____

Additional Buildings (use additional sheets if needed)

Building Address	Block	Lot	Census Tract #	Construction Type Code*	Building Type Code**	# of Stories	# of Residential Stories	Elevator (Y/N)	# of Units	# of Special Needs Beds

Number of Currently Occupied DU's: _____ Total Number of Units: _____

***R** = Rehab; **NC** = New Construction; **AO** = Acquisition Only
 ****LR** = Lo-Rise (1-4 stories); **MHR** = Mid-/High-Rise (5+ stories); **GA** = Garden Apartments; **RT** = Rowhouse/Townhouse; **SD** = Semi-detached; **SF** = Single-Family