

ADMINISTRATIVE AGENT INFORMATION FORM

Please submit the following information to:

Terry Kizer
Local Planning Services
Department of Community Affairs
P. O. Box 813
Trenton, NJ 08625
Fax: 609-633-6056
E-mail: LPSAdmin@dca.state.nj.us

*required information

Information Submitted By: Municipal Housing Liaison RCA Administrator

* Name: _____

* Title: _____

* Municipality: _____

* County: _____

For each development and/or program in the municipality that contains restricted affordable units, please list the administrative agent responsible for administering the affordable units:

* Development / Program: _____

* Name: _____

* Title: _____

* Organization: _____

Check here if this is a Municipal Administrative Agent

* Address: _____

* Phone #: _____ * FAX #: _____

* E-mail: _____ Cell #: _____

* Development / Program: _____

* Name: _____

* Title: _____

* Organization: _____

Check here if this is a Municipal Administrative Agent

* Address: _____

* Phone #: _____ * FAX #: _____

* E-mail: _____ Cell #: _____

* Development / Program: _____

* Name: _____

* Title: _____

* Organization: _____

Check here if this is a Municipal Administrative Agent

* Address: _____

* Phone #: _____ * FAX #: _____

* E-mail: _____ Cell #: _____

* Development / Program: _____

* Name: _____

* Title: _____

* Organization: _____

Check here if this is a Municipal Administrative Agent

* Address: _____

* Phone #: _____ * FAX #: _____

* E-mail: _____ Cell #: _____

Please make additional copies of the form, if needed.