

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](mailto: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. CompanyAddress: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## PART 2A: PROJECT INFORMATION

**Project Type (checkone):**     **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 subsidies 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:

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> Fitness Center       | <input type="checkbox"/> Washer/dryer on-site | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Washer/dryer in-unit | <input type="checkbox"/> Community Room       | <input type="checkbox"/> Other: _____ |

Please mark which utilities are paid by the tenant:

- |   |  |
|---|--|
| <input type="checkbox"/> Household Electric   | <input type="checkbox"/> Air Conditioning  |
| <input type="checkbox"/> Cooking (choose <input type="checkbox"/> GAS or <input type="checkbox"/> ELECTRIC)   | <input type="checkbox"/> Heat (choose <input type="checkbox"/> GAS or <input type="checkbox"/> ELECTRIC) |
| <input type="checkbox"/> Hot Water (choose <input type="checkbox"/> GAS or <input type="checkbox"/> ELECTRIC) | <input type="checkbox"/> Other: _____ (describe)   |

### **Current Occupancy and Vacancy for Existing Projects:**

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 Softwaresystem: \_\_\_\_\_**

## 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](mailto:S811PRA@njhmfa.gov)

New Jersey Housing and Mortgage  
Finance Agency

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