

**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"/> <b>HMFA Financing</b><br><input type="checkbox"/> Construction Financing Only<br><input type="checkbox"/> Permanent Financing Only<br><input type="checkbox"/> Construction/Permanent<br><input type="checkbox"/> Tax-Exempt Bonds (Volume Cap)<br><input type="checkbox"/> 501(c)(3) Tax-Exempt Bonds<br><input type="checkbox"/> Taxable Bonds<br><input type="checkbox"/> Conduit Bonds<br><input type="checkbox"/> Hospital Partnership Subsidy Program<br><input type="checkbox"/> Special Needs Housing Trust Fund<br><input type="checkbox"/> Special Needs Housing Subsidy Loan Program | <input type="checkbox"/> <b>Low-Income Housing Tax Credits</b><br><input type="checkbox"/> 4% credit (tax-exempt bond-financed)<br><input type="checkbox"/> 9% credit (not tax-exempt bond-financed)<br><br><input type="checkbox"/> <b>Preservation Financing</b><br><input type="checkbox"/> HMFA Portfolio<br><input type="checkbox"/> Section 8 Project<br><br>Date Current Mortgage Expires: _____<br>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.





**SITE SECURITY**

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

- Cameras                       Monitors                       Card Entry  
 On-Site Security               Armed Security               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><b><u>Ownership Entity's Official Name:</u></b> _____<br/>         (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](mailto:imelendezaguirre@njhmfa.gov) or Karen Howland [KHowland@njhmfa.gov](mailto: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](mailto:NJHMFA_Multifamily@njhmfa.gov). The required documents should be uploaded as separate files, labeling each individually.*

**Non-Refundable Application Fees:**

**Multifamily Financing**

Traditional Financing - \$4,000  
 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_perm_only_checklist.pdf)
- [https://nj.gov/dca/hmfa/developers/docs/multifamily/mf\\_constr\\_and\\_constr\\_and\\_perm\\_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](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_perm_only_checklist.pdf)
- [https://nj.gov/dca/hmfa/developers/docs/multifamily/mf\\_constr\\_and\\_constr\\_and\\_perm\\_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_perm_only_checklist.pdf)

[https://nj.gov/dca/hmfa/developers/docs/multifamily/mf\\_constr\\_and\\_constr\\_and\\_perm\\_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)**

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