

For Calendar Year Ending 12/31/20_____

**NEW JERSEY HOUSING AND MORTGAGE FINANCE AGENCY
LOW INCOME HOUSING TAX CREDIT
ANNUAL PROJECT CERTIFICATION
for
Projects with Social Service and/or Special Needs Models**

This property, in receiving its allocation of low income tax credits, was selected in part due to the commitment on the part of the owner to provide social service programs for the tenants and/or to restrict units for occupancy by individuals with Special Needs. As part of NJHMFA monitoring, we are requesting the owner to complete and submit the following information:

LITC #:_____

Project Name:_____

Project Address:_____

Credit Year:_____ Number of Required Services:_____

Attach the following information:

- a. Job description for the person who provides social services
- b. Name of organization that provides this service
- c. Cost of the service and who pays for service (tenant-paid, free of charge, etc.)

Check the following services being provided to the residents:

- | | |
|---|--|
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Adult Day Care |
| <input type="checkbox"/> After School Programs | <input type="checkbox"/> Health Care Services |
| <input type="checkbox"/> Job Training | <input type="checkbox"/> Personal Care/House Keeping |
| <input type="checkbox"/> Meals Program | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Financial counseling | <input type="checkbox"/> Computer literacy |
| <input type="checkbox"/> Social Services Coordinator (at least 20 hours per week) | |
| <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Monthly newsletters and/or calendar of events submitted (required for Social Services) | |

Number of hours per week on-site service coordinator works:_____

Number of units set aside for the special needs component (if applicable) :_____

Special Needs population served (if applicable):_____

Number of residents that are served each month:_____

Please be aware that all information provided is required for NJHMFA LIHTC monitoring and is strictly confidential. Copies of contracts with Social Service Providers must be maintained along with other project records and must be furnished upon request by NJHMFA. During the on-site visit, NJHMFA personnel may wish to review files in regard to services and speak to various participants regarding the special needs components of the project.

NOTE: Failure to comply with the social service/special needs requirements of the application is grounds for a determination of noncompliance.

Signature:_____

Print Name and Title:_____

Date:_____