

NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS
Division of Housing and Community Resources

Approval Form to Exceed Maximum Allowable Cost Per Unit

Municipality Name: _____

Address: _____

Year Built: _____

Total Cost: \$ _____

Municipal Lead Funds: \$ _____

Other funding source: \$ _____

Proposed Scope of Work & Justification to Exceed Cost:

Please attach the following document(s):

Copy of Contractor Bids Scope of Work

DCA USE ONLY:

Technical Assistant Signature: _____ **Approved** **Denied**

OLIEC Supervisor Signature: _____ **Approved** **Denied**

Date: _____