



Refresher for 2025 Submissions of NJHMFA Building Social Services & Managing Agent Evaluations

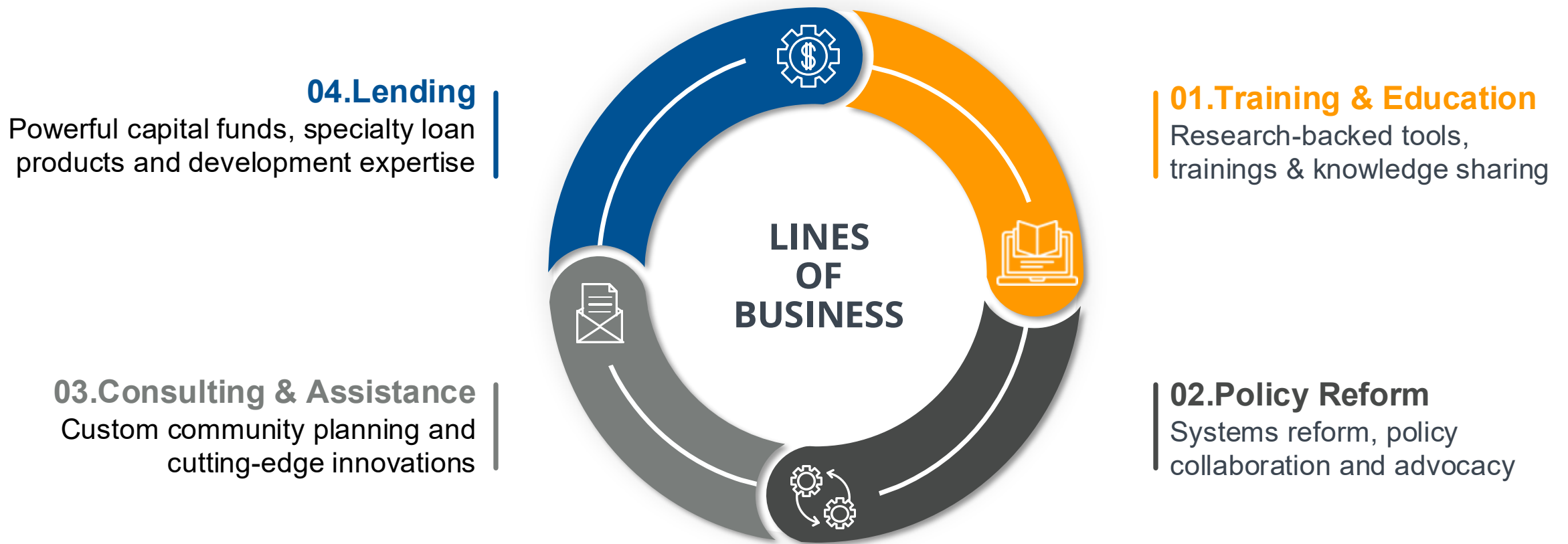
January 2026

What this covers:

- Annual Certification for Projects with Social Service Models
- Annual Certification for Projects in the Supportive Housing Cycle or Projects with Set-Aside Special Needs
- Annual Certification for Projects in the Age-Friendly Senior Cycle (funding in 2019 or later)
- Frail Elderly Certification
- **New - Social Services Section of the Annual Managing Agent Evaluation**

What We Do

CSH is a touchstone for new ideas and best practices, a collaborative and pragmatic community partner, and an influential advocate for supportive housing.



Here is your CSH Team



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What Went Well in Reviewing 2024

- We received more completed submissions
- Submission materials were more targeted to exactly what was required on the check list and we appreciated this.
- Greater detail in understanding the kind of services, frequency, how many people are served, etc.
- Wonderful and important services and supports were delivered by you and your colleagues!

Common Submission Challenges

Issue	Detail	How to Correct It
Certificate signature missing or not being signed by correct person	A person who is not the owner or managing agent, such as the social services director, is signing.	Have the owner sign off on the certificate forms.
Incorrect Cover Page	Make sure your cover page only selects categories that apply for your building.	Only select the categories that apply to your building, both in checking the cover page and in the documentations submitted
Monthly calendars and supporting documentation are not consistent	Monthly calendars do not list the services or activities indicated as the monthly service offerings. Some buildings provided no documentation.	Calendars or newsletters should market the services provided. Calendars should indicate the services provided to tenants in the projects, not only holidays or general recognition days such as “Donut Day” or “National Hug Day”
Referral Letters	The number of referral documentation did not match the unit set-aside #.	Provide referral documentation for all unit set asides. If there vacancies, explain why.
Missing building submissions	Missing submissions for buildings in 2025 that did submit in 2024.	Make sure to submit one submission for each of your buildings that have services and are in the LIHTC reporting timeframe

Reminder on Referring Agency Letter Examples

Letterhead of Catholic Charities

Date

NJ HMFA, Tax Credit Division
637 S Clinton Avenue
Trenton, NJ 08650

To whom it may concern:

This letter confirms the following three individuals that currently reside at **Hillside Senior Housing** 600 W 7th Street Anytown, NJ are clients and eligible for services from Catholic Charities.

JT, Unit 2
RM, Unit 5
G.S. Unit 3

Sincerely,
Administrator for Catholic Charities

Letterhead of local veteran's organization

Date

NJ HMFA, Tax Credit Division
637 S Clinton Avenue
Trenton, NJ 08650

To whom it may concern:

This letter confirms the following two individuals that currently reside at **Hillside Senior Housing** 600 W 7th Street Anytown, NJ are clients and eligible for services from *local veteran's organization*.

EM, Unit 15
DS, Unit 17

Sincerely,
Administrator for veteran's organization

What is new

- The social services section of the Managing Agent Evaluation is included in this survey – historically this has had a separate due date.
- We've added two different options for providing documentation for the social service coordinator. A narrative or a job description.
- A new question has been added that asks how the services described for tenants are funded.
- We've combined two forms together – supportive housing cycle + certification form are now one.

managing agent evaluation included On annual check-list

Low Income Housing Tax Credit

2025 Check List for Annual Social Service Models and/or Special Needs Packages

& Managing Agent Evaluation

This check list must be used when submitting social service or special needs packages for approval. Please check off each item as it pertains to the project. Submit this check list before January 31st. Failure to submit by the deadline is complete.

LIHTC #:	Property
Property Contact Information	Owner
Site Mgr:	Owner:
Phone:	Phone:
E-mail:	E-mail:
Managing Agent Contact Information (if different from owner)	Name of
Site Mgr:	Onsite S
Phone:	Name:
E-mail:	Phone:
	Email:

Check all that apply:

- ☐ Annual Certification for Projects with Social Service models (attach job description for onsite services coordinator (if applicable) three current (3) monthly newsletters with calendar and supporting documentation for each service provided to residents)
- ☐ Annual Certification for Projects in the Supportive Housing Cycle or with Set-Aside Special needs Unit with supporting documentation *and Special needs Population Certification Form with supporting documentation*
- ☐ Annual Certification for Projects in the Age-Friendly senior Cycle (funded in 2019 and later)
- ☐ Frail Elderly Certification with supporting documentation
- ☐ **Social Services Section of the Annual Managing Agent Evaluation**

Documentation for Social Services Coordinator

You can provide documentation either by:

- 1. A Job Description**
- 2. three-five sentences on the core activities of the coordinator**

Example

At building 4x a week, for approximately 5 hours each visit. Coordinator hosts office hours while onsite, providing residents information and referring to various community programs for benefits and services based on individual needs and eligibility. When needed, coordinator assists with applications, obtain supporting documents, advocate on behalf of resident. Typically programs residents are referred to include educational, health and wellness, along with social and intergenerational programs.

We have several residents who rarely leave the development and the service coordinator conducts wellness visits once a week when they are onsite.

A New Question On How Services Are Funded

How are the services described above for tenants funded? Check all the boxes that apply below:

- ☐ Services reserve from the building that covers in-house staffing / resource cost
- ☐ Services reserve from the building that covers MOU or partnership with a community-based organization
- ☐ MOU or partnership with a community-based organization, no funding from building is provided
- ☐ Grant or government contract
- ☐ Medicaid
- ☐ No funding is available to support this

Combined - Annual Project Certification for Projects with Supportive Housing Cycle / Set-Aside Units, including Special Needs Population Certification Form

Low Income Housing Tax Credit Form Annual Project Certification for Projects in the Supportive Housing Cycle or with Set-Aside Special Needs Units

This property, in receiving a Low-Income Housing Tax Credit, has agreed to provide services to special needs residents. In order to ensure annual monitoring, the owner must complete and submit this form to the NJHMFA. For further detail on the requirements, please refer to the [Compliance Monitoring Manual](#). Failure to comply with the social service requirements may result in the determination of noncompliance.

Please fill out this form and check off each item as it pertains to the property. The completed form must be submitted with the annual monitoring package on or before January 31st. Failure to submit by this date will result in the property being reported to the IRS as noncompliant.

REVIEW FORM FOR PROJECTS IN THE SUPPORTIVE HOUSING CYCLE OR WITH SET ASIDE SPECIAL NEEDS UNITS

LIHTC #:	HMFA #:
Property Name:	Property Address:
Credit Allocation Year*:	Compliance Year:
Type of Special Needs Population:	Number of Special Needs Units:
Name of Organization that Provides Services:	
<u>Onsite Service Coordinator</u>	
Name:	
Phone:	
Email:	
Hours per week coordinator is at this building:	

*Refer to Carryover Allocation Agreement

Identify the services being provided to the residents of this building by completing the form for each service provided.

Provide the following three categories of documentation, in addition to this completed form, for each service provided: 1. Documentation that all information provided is required for NJHMFA LIHTC monitoring and is strictly for monitoring purposes. 2. Copies of contracts with Social Service Providers must be maintained along with other project files. 3. Documentation that the services are being provided to the residents. During the on-site visit, NJHMFA personnel may review files in regard to services and speak to various participants regarding the special needs components of the project.

- For each of the services being provided to the residents that are marked above, attach documentation such as flyers and sign-sheets that demonstrate frequency, how many residents served, etc.
- Job description for onsite service coordinator.
- Monthly newsletters/calendar of events for building residents (please include at least 3 copies of newsletters/calendars)

Service Provided	Name of Organization providing the service	Frequency (once a month, once every 3 months, once a year, etc.)	How many residents served?	Service cost & who pays for service (tenant-paid, free of charge, etc.)
After School Programs				
Adult Day Care				
Health Promotion Programs				
Health Care Services/Treatment, Follow-up				
Job Training				
Personal Care / Housekeeping				
Meals Program				

Transportation					
Financial Management Training/Counseling					
Crisis Intervention (24 hours/7 days)					
Onsite/offsite education					
Other (specify):					

How are the services described above for tenants funded? Check all the boxes that apply below:

- ☐ Services reserve from the building that covers in-house staffing / resource cost
- ☐ Services reserve from the building that covers MOU or partnership with a community-based organization
- ☐ MOU or partnership with a community-based organization, no funding from building is provided
- ☐ Grant or government contract
- ☐ Medicaid
- ☐ No funding is available to support this

What organization or entity is funding services? Please be specific as possible. _____

The information below in the grid certifies the following tenants meet the definition of an "Individual with Special Needs."

Please attach a letter on letterhead from the referring social services agency/provider for each tenant indicating the individual is/are a client and eligible to receive services.

	Tenant Name (use first initial only)	Type of Special Needs Population	Referring Agency Letter Attached (Yes/No)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Questions?

Contact:

CSH Team

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NJHMFA

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