

**Low Income Housing Tax Credit Form and Checklist for
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 allocation was selected in part due to the Owner's commitment to provide services to special needs residents at the property. As part of NJHMFA annual monitoring, the owner must complete and submit the following information. Review NJ HMFA's [Compliance Monitoring Manual](#) for further detail on the requirements of this annual monitoring form. Failure to comply with the social service requirements committed to in the application is grounds for a determination of noncompliance.

Please fill out this form and check off each item as it pertains to the property and submit the complete package on or before January 31st. Failure to submit by the deadline is noncompliance that shall be reported to the IRS.

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

LIHTC #:	HMFA # (if applicable):
Property Name:	Property Address:
Credit Allocation Year*:	Compliance Year: 2024
Type of Special Needs Population:	Number of Set-Aside units:
<div>Name of Organization that Provides Services: <u>Onsite Service Coordinator</u> Name: Phone: Email: Hours per week coordinator is at this building:</div>	

*Refer to Carryover Allocation Agreement

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

Provide the following three categories of documentation, in addition to this completed form: 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.

1. For each of the services being provided to the residents that are marked above, attach supporting documentation such as flyers and sign-sheets that demonstrate frequency, how many tenants are served, etc.
2. Job description for onsite service coordinator.
3. Monthly newsletters/calendar of events for building residents (please include at least 3 current monthly 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.)	Documentation is included as an attachment
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): _____					

OWNER CERTIFICATION

By signing this form, the Owner is confirming the social services committed to at the time of the LIHTC application are being provided to residents of this property.

Owner's Signature: _____

Date: _____

Owner's Name: _____

Owner's Title: _____

Low Income Housing Tax Credit Form and Checklist for 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 allocation was selected in part due to the Owner's commitment to provide services to special needs residents at the property. As part of NJHMFA annual monitoring, the owner must complete and submit the following information. Review NJ HMFA's [Compliance Monitoring Manual](#) for further detail on the requirements of this annual monitoring form. Failure to comply with the social service requirements committed to in the application is grounds for a determination of noncompliance.

Please fill out this form and check off each item as it pertains to the property and submit the complete package on or before January 31st. Failure to submit by the deadline is noncompliance that shall be reported to the IRS.

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

LIHTC #: 01234	HMFA # (if applicable):
Property Name: Hillside Senior Housing	Property Address: 600 W 7 th Street Anytown, NJ XXXXX
Credit Allocation Year*: 2003	Compliance Year: 2024
Type of Special Needs Population: Homeless	Number of Set-Aside units: 5
Name of Organization that Provides Services: ABC Service Provider	
<u>Onsite Service Coordinator</u> Name: Sue Que Phone: xxx-xxx-xxxx Email: sueque@serviceprovider.com	
Hours per week coordinator is at this building: 20 hours	

*Refer to Carryover Allocation Agreement

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

Provide the following three categories of documentation, in addition to this completed form:

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.

1. For each of the services being provided to the residents that are marked above, attach supporting documentation such as flyers and sign-sheets that demonstrate frequency, how many tenants are served, etc.
2. Job description for onsite service coordinator. *Describing in 1-2 paragraphs what the typical activities are is also acceptable*
3. Monthly newsletters/calendar of events for building residents (please include at least 3 current monthly newsletters/calendars) *Important that calendars or newsletters include services or resources that align with what is above; we are seeing calendars that do not have relevant information (National Donut Day but no actual events that were held)*

*****Note we provided more service examples that a typical building offers***

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.)	Documentation is included as an attachment
After School Programs	YMCA	3x a week	10 kids	free	e.g. sign-in or provider log
Adult Day Care					
Health Promotion Programs	YMCA	3x a week	10 kids	free	e.g. sign-in or provider log
Health Care Services/Treatment, Follow-up	CVS Wellness offering flu shots, blood pressure readings, etc.	3x a year	20 residents	Free for Medicaid/Medicare members	e.g. sign-in or provider log

	And helping people enroll in Medicaid/Medic aid				
Job Training	Social Services Coordinator offering workshops on building out your resume and cover letter; navigating job application portals	3x a month	10 residents	free	Sign-in or services coordinator log sheets.
Personal Care / Housekeeping	Social Services Coordinator providing case management	3x a week	5 residents	free	Mentioned in job description provided for social services coordinator
Meals Program	Meals on Wheels Community Supplemental Food Program	2x Daily 2 1x month for other residents	Meals on Wheels for 2 homebound residents 47 residents participate monthly	Free, SNAP benefits of residents helps fund this	2024 or 2025 Letter(s) from Meals on Wheels and Community Supplemental Food Program describing the collaboration with the housing development; or sign-in or provider log
Transportation	Anytown Senior Living Bus	2x a week to local grocery stores	Up to 10 residents	free	2024 or 2025 Letter from Anytown Senior Living Bus that describes agreement with housing development and confirms frequency and locations
Financial Management Training/Counseling	Local nonprofit offers workshops on elder fraud, how to manage credit responsibly, completing your taxes	2x a year	Up to 15 residents	free	e.g. sign-in or provider log

Crisis Intervention (24 hours/7 days)	County Behavioral Health Dept.	As needed	Available to all residents as needed	free	Recent letter from BH Dept. describing the collaboration with the housing development
Onsite/offsite education	Community College sponsoring free offerings	2x a year	Up to 10 residents who can receive transportation	free	e.g. sign-in or provider log
Other (specify): _____					

OWNER CERTIFICATION

By signing this form, the Owner is confirming the social services committed to at the time of the LIHTC application are being provided to residents of this property.

Owner's Signature: Barbara Power Date: Month, Day, Year

Owner's Name: Barbara Power

Owner's Title: Director