

PART I — PROJECT INFORMATION SUMMARY

This form must be completed for all projects.

All documents listed on page 12–13 must be received for the application to be processed.

IMPORTANT:

Please note, the financial structure of a financing application cannot be changed once the application has been submitted successfully via the Multifamily and Supportive Housing Lending Portal and has reached an “application completed” status. In the event the financing structure changes after the “application completed” status (i.e., a single borrower entity changes to a co-borrowing entity) the initial application will be considered inactive and will not be processed. The developer will be required to submit a new financing application which sets forth the revised financing structure and any other changes to the project, including but not limited to the download of a new form 10, upload new documents as well as payment of another non-refundable application fee.

The developer should also keep in mind, the timeline to reach the HMFA Board could be affected during the process.

PROGRAM(S) YOU ARE APPLYING FOR (Check all that apply)**NJ HMFA Financing**

- ☐ Construction Financing Only
- ☐ Permanent Financing Only
- ☐ Construction/Permanent
- ☐ Tax-Exempt Bonds (Volume Cap)
- ☐ 501(c)(3) Tax-Exempt Bonds
- ☐ Taxable Bonds
- ☐ Conduit Bonds
- ☐ Hospital Partnership Subsidy Program
- ☐ Special Needs Housing Trust Fund
- ☐ Special Needs Housing Subsidy Loan Program

Low-Income Housing Tax Credits

- ☐ 4% credit (tax-exempt bond-financed)
- ☐ 9% credit (not tax-exempt bond-financed)

Preservation Financing

- ☐ HMFA Portfolio
- ☐ Section 8 Project

Date Current Mortgage Expires: _____

Date IRP or HAP Expires: _____

- ☐ 9% Multifamily Rate Lock Program
- ☐ 4% Multifamily Rate Lock Program

- ☐ Section 811 Rental Subsidy*

***Separate application required. Info & application can be found at: <https://nj.gov/dca/hmfa/developers/supportivehousing/>**

PROJECT INFORMATION

Project Name (as it will appear on mortgage documents): _____

Primary Street Address for Project: _____ City: _____ County: _____ ZIP Code: _____

Latitude: _____ °N Longitude: _____ °W Congressional District: _____ State Senate/Assembly District: _____

(Please provide GPS coordinates to at least four decimal places.)

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

(If more space is needed, see last page.)

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

WAGE TYPE:

☐ NJ Prevailing
☐ Davis-Bacon
☐ Open Shop

- ☐ Energy Star Homes
- ☐ Energy Benchmarking
- ☐ Green Tax Credit Points
 - ☐ Enterprise Green Communities
 - ☐ National Green Building Standard
 - ☐ Living Building Challenge
 - ☐ NJ Zero Energy Ready Homes
 - ☐ Passive House
 - ☐ LEED Certification

Total low-income residential square footage: _____ sq. ft.

Type of Unit (1BR, 2BR, etc.)	# of Affordable Units (up to 60%)	# of Moderate- Income Units (>60% to 80%)	# of Market- Rate Units	# of Special Needs Units (included in # of Affordable Units)	TOTAL UNITS
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____	_____

NUMBER OF MOUNT LAUREL UNITS:

SITE SECURITY

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

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Cameras | <input type="checkbox"/> Monitors | <input type="checkbox"/> Card Entry |
| <input type="checkbox"/> On-Site Security | <input type="checkbox"/> Armed Security | <input type="checkbox"/> 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

Submit 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?
or optioned?☐ Yes☐ No☐ Yes☐ No

List Current Owner of Site: _____

Other (specify): _____

Submit copies of deed, option agreement, or contract to purchase. If site control is to be in the form of leasehold, submit a copy of the 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:

	<input type="checkbox"/> Yes	<input type="checkbox"/> No	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"/> | Non-profit |
| <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><u>Ownership Entity's Official Name:</u> _____ (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

All applications must submit a complete mortgage financing application package through the [Multifamily and Supportive Housing Lending Portal](#).

Non-Refundable Application Fees:

Multifamily Financing

Traditional Financing - \$5,000
Conduit Financing - \$7,500

Special Needs Financing

Special Needs Housing Trust Fund (SNHTF) - \$1,000
Special Needs Housing Subsidy Loan Program (SNHSLP) - \$1,000

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

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: _____

[illegible]

***R** = Rehab; **NC** = New Construction; **AO** = Acquisition Only

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