New Jersey Housing and Mortgage Finance Agency

Section 811 Project Rental Assistance Program

APPLICATION

NJHMFA
Property Management
609-278-7494
637 South Clinton Ave.
Trenton, NJ 08650-2085
PART 1: APPLICANT INFORMATION

Applications will be accepted on a rolling basis until all Section 811 PRA are committed. Each project will require a separate application.

Applicant Name: ________________________________

Contact Name: ________________________________ Position/Title: ______________

Mailing Address: ______________________________________________________________

City: ________________ State: ______ Zip Code: ______ County: _______________

Phone: ________________ Email: ________________________________________________

Owner/Sponsor Name (If different from above): ________________________________

Contact Name: ________________________________ Position/Title: ______________

Mailing Address: ______________________________________________________________

City: ________________ State: ______ Zip Code: ______ County: _______________

Phone: ________________ Email: ________________________________________________

Mgmt. Company*: ________________________________

Mgmt. Company: ________________________________________________
*Fill the above even if it is self-managed

Contact Name: ________________________________ Position/Title: ______________

Mgmt. Company Address: ______________________________________________________

City: ________________ State: ______ Zip Code: ______ County: _______________

Phone: ________________ Email: ________________________________________________
PART 2A: PROJECT INFORMATION

Project Type (check one):  ☐ New Construction/ Rehab Project  ☐ Existing Project
(Please complete the appropriate sections of this application based on your project type)

Project Name: ___________________________ HMFA#: _____________

Address: _______________________________________________________

City: _________________ State: _______ Zip Code: ____________ County: ___________

No. of Buildings: _______ Total No. of Units: _________ Number of Stories: ___________

Total Sq. Footage: _________________ Year Project was Built: _________________

Type of Construction: _____________ New: _____________ Rehab: _____________

If Project is Age Restricted; Are the Sec. 811 Setaside Units also Age Restricted ___Yes ____No

Financing Information
Existing Mortgage(s): _______________________________________________

Lender: __________________________________________________________

Lien Position: ____________________________________________________

Lender: __________________________________________________________

Lien Position: ____________________________________________________

Social Service Provider (if applicable):
Name: ____________________________________________________________

Address: _________________________________________________________

City: ___________________________ State: _______ Zip Code: ____________

Contact Name: __________________________ Position/Title: _____________

Phone: __________________________ Email: ___________________________
PART 2B: PROJECT DESCRIPTION

Please provide a description of the property on a separate page that includes information such as amenities within the project, floor plan, proximity to various amenities, description of the neighborhood and tenant services. Please include the number of units of each type that are currently occupied, currently vacant and in the case of Existing projects, the number and types of units to be set aside. Please also describe the property’s policies regarding background checks and Tenant Selection Plan.

Type of Public Transportation:
Bus: ________ Light Rail: ________ Other: ________

Nearest public transportation option (in miles): __________________________

Property Amenities:
☐ Fitness Center ☐ Washer/dryer on-site ☐ Other: ____________________
☐ Washer/dryer in-unit ☐ Community Room ☐ Other: ____________________

Please Mark Which Utilities are Paid by the Tenant:
☐ Household Electric ☐ Air Conditioning
☐ Cooking (choose ☐ GAS or ☐ ELECTRIC) ☐ Heat (choose ☐ GAS or ☐ ELECTRIC)
☐ Hot Water (choose ☐ GAS or ☐ ELECTRIC) ☐ Other: ____________________ (describe)

Current Occupancy and Vacancy for Existing Projects:
Please complete the chart below indicating the number of vacant and occupied units by bedroom size.

<table>
<thead>
<tr>
<th>Unit Size</th>
<th>Number of 1 Bedroom Units</th>
<th>Number of 2 Bedroom Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupied</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vacant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall Total Units in Property</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PART 3: NUMBER OF SECTION 811 PRA UNITS REQUESTED
(Please complete the appropriate section based on your project type)

For New Construction/Rehab Projects:
Total Number of Units at the Property:________________________
Total Number of Units Requesting 811 Subsidies:____________________

Projects Under Construction:
One bedroom accessible units (34% AMI):______________
One bedroom non-accessible units (34% AMI):______________
Two bedroom accessible units (34% AMI):______________
Two bedroom non-accessible units (34% AMI):______________
Two bedroom accessible units (50% AMI):______________
Two bedroom non-accessible units (50% AMI):______________

Total Number of Units Currently Set Aside for Persons w/ a Disability other than the 811 Subsidized Units: ______
Total Number of Units Presently Receiving Project Based Rental Assistance Payments Units: ______

For Existing Projects:
Total Number of Units at the Property:________________________

Units to be set aside:
One bedroom accessible units (34% AMI):______________
One bedroom non-accessible units (34% AMI):______________
Two bedroom accessible units (34% AMI):______________
Two bedroom non-accessible units (34% AMI):______________
Two bedroom accessible units (50% AMI):______________
Two bedroom non-accessible units (50% AMI):______________

Total Number of Units Currently Set Aside for Persons w/ a Disability other than the 811 Subsidized Units: ______
Total Number of Units Presently Receiving Project Based Rental Assistance Payments Units: ______

Participating developments must have the capability to execute and transmit tenant certification and recertification data (form HUD 50059) and voucher data (form HUD 52670) electronically to HMFA. HMFA will electronically transmit the data (HUD form 52670 and HUD 50059) to HUD via the Tenant Rental Assistance Certification Systems (TRACS) to receive payment. Once received and approved, HUD will wire payment of the monthly rental subsidy amount to HMFA through the HUD Electronic Line of Credit Control System (eLOCCS) and HMFA will distribute the subsidy payments to the development.
Current Software system: ____________
PART 4: APPLICANT SIGNATURE

The undersigned applicant hereby makes application to NJHMFA for the Section 811 Program.

___________: Number of Requested Section 811 PRA Program Units

Signature:__________________________________________

Printed Name:_____________________________________

Title:_____________________________________________

Date:_____________________________________________

Please return two copies of the completed application and supporting documentation attention to:

Attn: Francis Thomas,
Senior Director of Property Management

New Jersey Housing and Mortgage Finance Agency
637 S. Clinton Avenue
P.O. Box 18550
Trenton, NJ 08650-2085
609-278-7494