New Jersey Housing and Mortgage Finance Agency

Money Follows the Person Housing Partnership Program

APPLICATION

New Jersey Housing and Mortgage Finance Agency
Multifamily/Supportive Housing and Lending Division
637 South Clinton Ave.
Trenton, NJ 08650-2085
609-278-8884

3/21/2019
Money Follows the Person Housing Partnership Program (MFPHPP)

Application

Applications will be accepted on a rolling basis until all MFPHPP funds are committed.

PART 1: APPLICANT INFORMATION

Applicant Name: ________________________________________________________________

Contact Name: ___________________________ Position/Title: _______________________

Mailing Address: ____________________________________________________________________

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

Phone: ____________________ Email: _____________________________________________

Developer/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 2: PROJECT INFORMATION AND DESCRIPTION

Project Name: ____________________________________________ NJHMFA#: __________

Address: __________________________________________________________________________

City: __________________________ State: ______ Zip Code: __________ County __________

On a separate page, please provide a description of the property that includes information such as the floor plan, more information about accessibility features, proximity to community resources such as employment opportunities, grocery stores, banks etc., transportation networks and tenant services. Please also briefly describe your experience with supportive housing and the property’s policies regarding background checks and the Tenant Selection Plan.

On-site Social Service Coordinator:

Are there plans to hire an on-site Service Coordinator for the building? Yes or No (circle one)

If yes, what type of services will be provided by this individual:

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Public Transportation:

Nearest public transportation option (in miles): ________________________________

Type: Bus: _____ Light Rail: _____ Other: __________

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)
PART 3: NUMBER OF UNITS REQUESTED

Total number of units at the property: ____________________________

Total number of MFPHPP 1 bedroom units requested: _______________

Projects Under Construction:
Number of one bedroom accessible units:
____________
Number of one bedroom units at 20% AMI: __________

Total number of units currently planned to be set aside for persons with special needs. Do not include requested MFPHPP units in this number:_____

The undersigned applicant hereby makes application to NJHMFA for the Money Follows the Person Housing Partnership Program (MFPHPP).

_________ Number of Requested MFPHPP One Bedroom Units

Signature: __________________________________________________________

Printed Name: ______________________________________________________

Title: ______________________________________________________________

Date: _______________________________________________________________

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

Attn: Tanya Hudson-Murray, Director
Multifamily/Supportive Housing and Lending Division
New Jersey Housing and Mortgage Finance Agency
637 S. Clinton Avenue P.O. Box 18550
Trenton, NJ 08650-2085
609-278-7582 • thudsonmurray@njhmfa.gov