

New Jersey Housing and Mortgage Finance Agency
Low Income Housing Tax Credit
Project Status Form

Project Name:	LITC#
Project Address:	County:
	Phone:
Property Manager:	Email:
Owner's Name & Address	Phone:
	Email:

Please check and complete all that may apply to your property so we can update our files.

- Property is under construction. We expect a completion date of _____.
- Property is under Rehab. We expect a completion date of _____.
- The acquisition date is _____.
- The placed-in-service date is _____.
- First unit occupied on _____. (*excludes Acquisition/Rehab projects*)
- Property is _____ % occupied as of the date this form is completed.
100% occupancy is expected by _____.
- Property is 100% occupied as of _____.

The above information is true and accurate to the best of my knowledge and belief.

SIGNATURE OF OWNER/REPRESENTATIVE

DATE

**** Please email to jpena@njhmfafa.gov within 120 days of the closing date ****