

New Jersey Housing and Mortgage Finance Agency

**Money Follows the Person
Housing Partnership Program
APPLICATION**

**New Jersey Housing and
Mortgage Finance
Agency**

*Supported Housing and
Special Needs Division*
637 South Clinton Ave.
Trenton, NJ 08650-2085

Contact Person:

Yirgu Wolde

Director, SHSN Division
609-278-7521

ywolde@njhmfa.gov

8/25/2016

New Jersey Housing and Mortgage Finance Agency
Money Follows the Person Housing
Partnership Program (MFPHPP)

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

PART 1: APPLICANT INFORMATION

Applicant Name: _____

Position/Title: _____ Contact Name: _____

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, and 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, please attach a description of the position including the types of services and linkages that will be provided to tenants and the number of hours that the individual will be onsite at the project

Public Transportation:

Nearest public transportation option (in miles): _____

Type: Bus: ___ Light Rail: _____ Other: _____

Property Amenities:

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Fitness Center | <input type="checkbox"/> Washer/dryer on-site | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Washer/dryer in-unit | <input type="checkbox"/> Community Room | <input type="checkbox"/> Other: _____ |

Please Mark Which Utilities are paid by the Tenant:

- | | |
|---|--|
| <input type="checkbox"/> Household Electric | <input type="checkbox"/> Air Conditioning |
| <input type="checkbox"/> Cooking (choose <input type="checkbox"/> GAS or <input type="checkbox"/> ELECTRIC) | <input type="checkbox"/> Heat (choose <input type="checkbox"/> GAS or <input type="checkbox"/> ELECTRIC) |
| <input type="checkbox"/> Hot Water (choose <input type="checkbox"/> GAS or <input type="checkbox"/> ELECTRIC) | <input type="checkbox"/> 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: Yirgu Wolde, Director
Division of Supported Housing & Special Needs
New Jersey Housing and Mortgage Finance Agency 637
S. Clinton Avenue P.O. Box 18550 Trenton, NJ
08650•2085 609-278•7521
Email: ywolde@njhmfa.nj.gov

If you have any questions, please contact Yirgu Wolde or Maria DiMaggio at 609-278-7512