

**IN NEW JERSEY HOUSING AND MORTGAGE FINANCE AGENCY
PERMANENT TAKE-OUT FINANCING
DOCUMENT CHECKLIST**

*The Agency intends to provide financing for this project through the sale of taxable, tax-exempt bonds or any other funds available to the Agency. The requirements listed in Section I of this checklist must be satisfied prior to **Declaration of Intent**. The requirements listed in Section II of this checklist must be satisfied prior to a **Mortgage Commitment**. And the requirements in Section III of this checklist must be satisfied prior to the **inclusion in a bond issue**.*

**** If this project intends to receive financing for this project through additional Agency or Agency administered programs, additional requirements are noted on the attached list of program requirements that is hereby made a part of the Project Document Checklist. Additional requirements specific to the project may also be attached.**

****Other Agency Financing: 1.**

Date Closed:

Add Special Needs Subsidy (i.e. PLP, HTF, SSN, etc.)

DATE LAST UPDATED:

PROJECT NAME:

HMFA PROJECT NUMBER:

(Special Needs #) –

If No Special Needs delete SN requirements

Project Address:

Block:

Lot:

of Units:

Type of Tax Credits:

Set Aside:

Const. Period:

Population:

of Beds (SN):

Special Needs Population being serviced:

COMMITMENT EXPIRATION DATE:

PARALEGAL:

Phone #:

Fax #:

e-mail:

DAG:

Phone #:

Fax #:

e-mail:

CREDIT OFFICER:

Phone #:

Fax #:

e-mail:

TECHNICAL SERVICES OFFICE CONTACT:

Phone #:

Fax #:

e-mail:

SPONSORING ENTITY/BORROWER:

Contact Person:

Address:

Phone#:

Fax #:

e-mail:

CONSULTANT (If applicable):

Address:

Phone #:

Fax #:

e-mail:

OWNER: (If different than borrowing entity) (SELLER)

Contact Person:

Address:

Phone#:

Fax #:

e-mail:

BORROWER:

GENERAL PARTNER/MANAGING MEMBER:

LIMITED PARTNER:

BORROWER'S ATTORNEY:

Address:

Phone#:

Fax #:

e-mail:

ARCHITECT:

Address:

Phone #:

Fax #:

e-mail:

GENERAL CONTRACTOR:

Address:

Phone #:

Fax #:

e-mail:

MANAGING AGENT:

Address:

Phone #:

Fax #:

e-mail:

SOCIAL SERVICE PROVIDER (if Special Needs project)

Address:

Phone #:

Fax #:

e-mail:

ACCOUNTANT:

Address:

Phone #:

Fax#:

e-mail:

OTHER:

Address:

Phone #:

Fax #:

e-mail:

PLEASE NOTE: Documents consisting of more than ten (10) pages will not be accepted in PDF format by electronic transmittal. Please send hard copies of documents consisting of more than ten (10) pages.

Code to Document Requirements:

A - Document Received and Approved

NA - Not Applicable

R - Document Received and either (1) Under review or (2) Requires modification or update as indicated

* - **An asterisk indicates an Agency form document must be used.** Many forms are available on the NJHMFA website: www.state.nj.us/dca/hmfa

Date - List date document was received. Once document is approved, replace this date with the date in which the document was approved.

Status - If document was not yet received, give a status of why document was not yet submitted. If document was received ("R"), then give the status of the approval process.

All items are required to be submitted by the sponsoring team unless otherwise noted.

I. REQUIREMENTS FOR DECLARATION OF INTENT

SPONSOR:

___ UNIAP Application* (Date Received _____) (Date Approved ____)

___ Project Narrative, including Overview of Scope of Work.

___ Preliminary Proforma/Cash Flow (Agency Form 10)*

___ General Site Location Map & Directions

___ Resume for Sponsor

Special Needs Projects:

___ Population served and the service provider must be clearly identified

STATUS: _____

___ Evidence of Site Control (Date Received ____)(Date Approved ____)

___ Deed

___ Option Agreement

___ Contract of Sale

___ Redevelopment Agreement

___ Ground Lease or Option to Enter into Ground Lease (keep in mind it is not the same as the Option Agreement listed above) **(Ground Lease Fee)**

___ Condominium Requirements, if applicable:

___ Condominium Association By-laws

___ Master Deed

___ Certificate of Formation for Condominium Association

___ Other

STATUS: _____

___ Resolution of Need from Municipality* (*may be included in municipal resolution granting payments in lieu of taxes*) N/A for projects with an existing Agency mortgage loan being refinanced under the Preservation Loan program. Resolution IS required for all other Preservation Loan projects not currently in the Agency's portfolio. If a project is no longer under the Agency's regulatory oversight/affordability restrictions, a new Resolution of Need is required. The resolution runs with the project, not with the owner; therefore, if there is a transfer of ownership/sale during the permitted pre-payment period and the project is therefore still under Agency oversight, a new resolution is not required. (*N/A for Special Needs only*) (Date Received ____)(Date Approved ____)

STATUS: _____

___ Financing Commitments **(List All)** (evidence for any and all sources included in underwriting that is acceptable to HMFA)

___ Preliminary CNA, Scope of Work (*Preservation projects only*)

CONSTRUCTION DOCUMENTS:

___ **Preliminary Drawings, (if applicable)** (Date Received ___) (Date Approved ___)
STATUS: _____

SPECIAL NEEDS ONLY REQUIREMENTS: (IF NO SPECIAL NEEDS DELETE GRAY)

___ Supportive Services Plan (Date: ___)
STATUS: _____

___ Evidence of Source of Rental Assistance (Letter of award, if available)
STATUS: _____

___ NJ Dept. of Human Services Project Support Letter
STATUS: _____

___ Home Inspection Report (for purchase of single family homes)
STATUS: _____

___ Opinion from Sponsor's Counsel that property acquired may be leased to the tenant population (for properties (condominiums/townhomes) with homeowner associations)
STATUS: _____

NJHMFA (All documents in this section will be prepared by NJHMFA):

___ **Site Inspection Report** (Date Approved _____)

___ Board Resolution for Declaration of Intent (Date Approved _____)

___ Declaration of Intent Letter (Date Issued _____)

II. REQUIREMENTS FOR MORTGAGE COMMITMENT

PLEASE NOTE: THE TECHNICAL SERVICES (GREEN HIGHLIGHTS) & INSURANCE DIVISIONS (BLUE HIGHLIGHTS) SHOULD BE SUBMITTED TO TECHNICAL SERVICES & INSURANCE DIVISIONS DIRECTLY. PLEASE NOTE THE DIVISIONS WILL NOT BEGIN REVIEW UNTIL ALL DOCUMENTS NOTED WITH SPECIFIED COLOR HIGHLIGHTS HAVE BEEN SUBMITTED IN COMPLETED FORM. IN THE CASE WHERE BOTH TECHNICAL SERVICES & INSURANCE DIVISIONS REQUIRE SAME, THEY WILL BE NOTED IN YELLOW HIGHLIGHTS.

SPONSOR:

___ Formation Certificate for Sponsor/Borrower and Managing Entity, as applicable

(Advise NJHMFA prior to formation if contemplating an Urban Renewal entity N.J.S.A. 40A:20-1 et seq.) (*New Jersey Secretary of State Authorization to do Business in New Jersey for any Out-of-State Sponsoring Entity*) (Date Received ___) (Date Approved ___)

- ___ Certificate of Limited Partnership (Partnership)
- ___ Certificate of Formation (Limited Liability Company)
- ___ Certificate of Incorporation (Corp.)
- ___ Certificate of Formation for Managing Member, if applicable

STATUS: _____

___ Corporate Certification and Questionnaires (Date Received ___) (Date Approved ___)

- ___ Sponsoring Entity/Borrower
- ___ General Partner (Limited Partnership)
- ___ Managing Member (Limited Liability Company)
- ___ Other entity owning 10% or greater interest in sponsoring entity
- ___ Updating Affidavit for Questionnaire, if applicable

STATUS: _____

___ Personal Questionnaire for Directors and Officers of Sponsoring Entity/Borrower, Individuals Serving as General Partner or Managing Member, and any individual owning 10% or greater interest in sponsoring entity, or in the General Partner or Managing Member entity* (*For non-profit entities controlled by a Board of Directors, Personal Questionnaires should be provided for any officer of the Board.*)

- ___ Updating Affidavit for Questionnaire, if applicable
(Date Received _____) (Date Approved _____)

STATUS: _____

___ Criminal Background Check for Directors and Officers of Sponsoring Entity/Borrower, Individuals Serving as General Partner or Managing Member, and any individual owning 10% or greater interest in sponsoring entity, and General Partner or Managing Member entity* (*Any individual submitting a Personal Questionnaire must submit a Criminal Background Check. For non-profit entities controlled by a Board of Directors, Criminal Background checks should be provided for any officer of the Board.*) **(Search results are valid for 18 months from date received.)**

- (Date Received _____) (Date Approved _____)

STATUS: _____

___ **ASTM E1527 Phase I Environmental Site Assessment, or NJDEP Preliminary Assessment, pursuant to N.J.A.C. 7:26E-3.2.** (Date Received ___) (Date Approved ___)

In addition, the following are required for Existing Structures:

- ___ Lead Based Paint Report/Removal plan
- ___ Asbestos Containing Materials Report/Remediation plan
- ___ Radon testing/Remediation plan

STATUS: _____

___ **ASTM E1903 Phase II Environmental Site Assessment (if applicable)**
(Date Received _____) (Date Approved _____)

STATUS: _____

___ Resolution Granting Preliminary **AND/OR Final Site Plan Approval**, Subdivision and Any Zoning Variances from Municipality and County, if applicable. *Special Needs Only projects, refer to Special Needs Program document checklist requirements.*
(Date Received _____) (Date Approved _____)
STATUS: _____

___ **Street Vacation Ordinances (Ordinance with Proof of Publication)**, (if applicable)
(Date Received _____) (Date Approved _____)
STATUS: _____

___ Municipal Resolution Granting Payments in Lieu of Taxes*, (if applicable)
___ Agency statute is N.J.S.A. 55:14K-37.
___ The Long Term Tax Abatement falls under N.J.S.A. 40A:20-1 *et seq.*
___ OTHER
(Date Received _____) (Date Approved _____)
STATUS: _____

___ Agreement for Payment in Lieu of Taxes*, (if applicable)
(Date Received _____) (Date Approved _____)
STATUS: _____

___ Financing Commitments from Other Funding Sources (*List All*) (*may need updates from DOI*)
___ Equity Commitment
___ Other:
(Date Received _____) (Date Approved _____)
STATUS: _____

___ Evidence of Rental Assistance Agreements, if applicable
(Date Received _____) (Date Approved _____)
STATUS: _____

___ Affirmative Fair Housing Marketing Plan* (*N/A for Special Needs only projects*)
(Date Received _____) (Date Approved _____)
STATUS: _____

___ Housing Resource Center (“HRC”) registration of project entity (Date Approved _____)
(*N/A for Special Needs only projects*)
STATUS: _____

ENERGY STAR / TAX CREDIT GREEN POINT:

___ **Pre-Construction Authorization Letter** (Date Received _____) (Date Approved _____)
Please contact the Technical Services contact person for questions.
STATUS: _____

CONSTRUCTION DOCUMENTS:

_____ Detailed Narrative Scope of Work (Note: Any changes made to the scope of work must be approved by NJHMFA) (Date Received _____) (Date Approved _____)
STATUS: _____

_____ Detailed Trade Payment Breakdown on AIA Form 703 (Schedule of Values) signed by General Contractor and based on the Final Contract Drawings (NOTE: Any changes to the Trade Payment Breakdown must be approved by NJHMFA.)
(Date Received _____) (Date Approved _____)
STATUS: _____

Architect/Engineer Documents:

_____ Architect's Contract* (Alternatively, if use of an AIA form permitted, Agency Addendum to contract is required*) If there is HUD financing in the deal then the Agency defers to the HUD form of document.
For Agency Bond or General Fund financing, Multifamily 5-25 or less bonded projects:
_____ Agency Form of Architect's Contract.

For Special Needs Only, Preservation, Multifamily 5-25 units or less non-bonded projects:
_____ AIA Form of Architect's Contract. Agency Addendum must be submitted.
(Date Received _____) (Date Approved _____)
STATUS: _____

_____ **Pre-submission meeting** at NJHMFA with Technical Services staff architect: Prior to submittal of the final drawings, it is required to schedule a meeting with Technical Services' staff to review the information to be submitted, in order to ensure, that the documents will contain all the information required for Agency approval.
(Date of Meeting _____)

_____ **Construction Documents and Project Manual** (in CSI format) *must be submitted electronically in PDF format*, and shall consist of Final (100%) Contract Documents showing all required construction details, cross-sections, and other information necessary to constitute a construction-ready set of project construction documents consistent with the construction contract and with all sheets bearing the same date. The drawing set must include, at a minimum:

- Approved Final Site Plans and Final Subdivision Plans (if applicable);
 - Civil Engineering Drawings;
 - Architectural Drawings; - Mechanical/Electrical/Plumbing (MEP) Drawings; - Structural Drawings; - Fire Alarm/Suppression Drawings;
 - All required construction details; and,
 - A detailed project cost estimate by trade.
- (Date Received _____) (Date Approved _____)

STATUS: _____

____ **Architect's Certification and Drawing List** (Date Received ____) (Date Approved ____)
There is to be a separate certification on Architect's letterhead bearing signature and seal stating:
This will certify that the accompanying drawings entitled "PROJECT NAME", dated "DATE OF LATEST REVISION", consisting of the documents set forth below, have been reviewed by this office and are complete, code compliant, consistent across the disciplines, and issued **for construction**. Attach *List of submitted drawings, manuals, etc.*
STATUS: _____

____ **Architect's Errors and Omission Policy/Certificate of Insurance** (naming NJHMFA as Certificate Holder) (Date Received ____) (Date Approved ____)
STATUS: _____

____ **Geotechnical Engineering Report (Soils Test), if applicable**
(Date Received ____) (Date Approved ____)
STATUS: _____

____ **Survey (2 Sealed Originals Certified to Sponsor, NJHMFA and Title Company) with Certified Land Description** (Date Received ____) (Date Approved ____)
A "Flood Elevation Certificate" on the DEP Form and certified by a professional should be submitted with the Survey.
STATUS: _____

____ **Confirmation of Availability of Utility Services (electric, gas, water, sewer) (Letters should be within at least 6 months of anticipated Agency commitment, if applicable)**
____ **Letter from Utility Companies**
____ **Letter from Utility Company confirming that individual metering systems will be installed within a meter room in the building, if applicable to the project type.**
(Date Received ____) (Date Approved ____)
STATUS: _____

Contractor Documents:

____ **Executed AIA form of Construction Contract* with Agency Addendum attached (if CDBG then CDBG Addendum in addition to Agency Addendum)**
(Note: Federal (Davis Bacon) prevailing wages must be paid for those projects receiving CDBG funds. Evidence of payment of Davis-Bacon wages must be included in the construction contract.)
If there is HUD financing in the deal then the Agency defers to the HUD form of document.
(Date Received ____) (Date Approved ____)
STATUS: _____

____ **Evidence of ability to obtain Permanent Guarantee:** (Date Received ____) (Date Approved ____)
Agency Permanent Financing: Sponsor has the option of providing a 10% Letter of Credit OR 30% Warranty Bond in lieu of Payment and Performance Bond.
Note this guarantee will be required to exist for a period of two years post construction completion as determined by the Certificate of Occupancy date or Architect's Certificate of Substantial Completion,

whichever is later. For Special Needs Only projects, refer to Special Needs Program document checklist requirements.

STATUS: _____

SPECIAL NEEDS ONLY REQUIREMENTS: (IF NO SPECIAL NEEDS DELETE GRAY)

- _____ Supportive Services Plan approval, if applicable
- _____ NJ Dept. of Human Services funding **and** approval
- _____ NJHMFA Approval
- _____ Other

STATUS: _____

_____ NJSHPO Historic Preservation Approval or Non-applicability Determination, if applicable

STATUS: _____

_____ HUD Fund Reservation Letter/Commitment/Site Approval

STATUS: _____

_____ Executed Social Service Agreement

STATUS: _____

_____ Letter from zoning officer confirming property is zoned for intended use OR appropriate local resolutions, OR letter from Sponsor's counsel confirming appropriate local zoning for the project.

STATUS: _____

_____ Special Needs Design Application Checklist

STATUS: _____

NJHMFA (All documents in this section will be prepared by NJHMFA):

_____ Appraisal/Market Study (Date Received _____) (Date Approved _____)

STATUS: _____

_____ Updated Appraisal/Market Study, (If applicable) (Date Received _____) (Date Approved _____)

_____ Board Resolution with Bond Documents, (If applicable) (Date Approved _____)

_____ Board Resolution Authorizing Mortgage Commitment and Commitment Proforma/Cash Flow (Agency Form 10)*, (If applicable) (Date Approved _____)

_____ Commitment Letter and Indemnification Deposit (Commitment Letter to be executed by Sponsor and returned with Deposit within 10 days of mortgage commitment)*, (If applicable) (Date Approved _____)

- ___ Board Resolution Authorizing Mortgage Re-Commitment and Re-Commitment Proforma/Cash Flow (Agency Form 10)*, (If applicable) (Date Approved _____)
- ___ Re-Commitment Letter and Re-Commitment Fee (Re-Commitment Letter to be executed by Sponsor and returned with Fee within 10 days of mortgage re-commitment)*, (If applicable) (Date Approved _____)

III. ADDITIONAL REQUIREMENTS FOR INCLUSION IN A BOND SALE or FOR INTEREST RATE LOCK

NOTE: If the project will not receive bond funds or an interest rate lock, the following items will be required for closing in addition to the items noted in Section IV of this checklist.

SPONSOR:

- ___ Current Operations Agreement for, as applicable:
 - ___ Sponsoring Entity (By-laws: Corporation; Partnership Agreement: Limited Partnership; Operating Agreement: Limited Liability Company. Must contain NJHMFA Statement – **assigned paralegal can provide language**)
 - (Date Received _____) (Date Approved _____)
 - STATUS:** _____

- ___ *DRAFT Operating Agreement with all Exhibits attached for Sponsoring Entity as it will exist once Limited Partner investor/Investor Member is included.*
 - Must contain NJHMFA Statement – **assigned paralegal can provide language**
 - (Date Received _____) (Date Approved _____)
 - STATUS:** _____

- ___ Certificate of Good Standing - Current within 30 days of **bond sale and/or closing**
 - ___ Borrower
 - ___ Managing Member/General Partner
 - ___ Investor Member
 - ___ OTHER member over 10%
 - (Date Received _____) (Date Approved _____)
 - STATUS:** _____

- ___ Evidence of Availability of Tax Credits
 - ___ 42M Letter (for projects using tax-exempt financing) OR
 - ___ Reservation Letter (for projects awarded competitive tax credits)
 - ___ Carryover Allocation or Binding Forward Commitment or 8609
 - (Date Received _____) (Date Approved _____)
 - STATUS:** _____

- ___ Evidence of Perfection of Subdivision (recorded subdivision deeds or filed subdivision map), if applicable. (Date Received _____) (Date Approved _____)
- STATUS:** _____

- ___ Copies of Loan Documents from Construction Lender

(Date Received _____) (Date Approved _____)

STATUS: _____

_____ Title Insurance Commitment and Title Related Requirements (updates required for closing)

*Commitments needed for each Agency or Agency administered loan closing. **NOTE:** Affirmative insurance required for any exceptions in commitment that will remain at the time of closing.*

_____ Tax Search

_____ Assessment Search

_____ Municipal Water/Sewer Utility Search

_____ Evidence of payment of taxes, if applicable

_____ Evidence of payment of utilities, if applicable

_____ Judgment Search

_____ Sponsoring Entity

_____ General Partner(s)/Managing member(s)

_____ Corporate Status and Franchise Tax Search, if applicable

_____ Tidelands and Wetlands Search

_____ Flood Hazard Area Certification

_____ Closing Protection Letter for Title Officer Attending Closing

_____ Survey Endorsement insuring final survey without exceptions

_____ **Title Rundown Confirmation (in writing)**

_____ Copies of All Instruments of Record

_____ First Lien Endorsement, (and/or Second Lien, etc.,) if applicable

_____ Gap Endorsement Coverage or acceptable language in lieu of

_____ Environmental 8.1 Endorsement

_____ Evidence of payment of current condominium fees/assessments, if applicable

_____ Arbitration Endorsement

Additional Endorsements as may be required depending on project type :

_____ ALTA 13.1 - Leasehold endorsement, if applicable

_____ ALTA 9 – Restrictions, Encroachments, Minerals, if applicable

_____ ALTA 18 Multiple Parcels Endorsement (if scattered site project)

_____ ALTA 5.1 – Planned Unit Development, if applicable

_____ Condominium Endorsement, if applicable

(Date Received _____) (Date Approved _____)

STATUS: _____

_____ Cash for Negative Arbitrage and/or Cost of Issuance **(at time of Bond Sale Only)**

(Date Received _____) (Date Approved _____)

STATUS: _____

_____ Owners Tax Certificate (Applicable to Tax-Exempt Bond Financing Only) (original to go to Bond Counsel, copy to the Agency) Confirmation of bond counsel approval required.

(Date Received _____) (Date Approved _____)

STATUS: _____

_____ Attorney Opinion Letter **for bond sale*** (Date Received _____) (Date Approved _____)

STATUS: _____

___ **Final Site Plan Approval, (If applicable)** (Date Received _____) (Date Approved _____)
STATUS: _____

___ **Construction Contract with current prevailing wages attached* if not previously provided or if changed from first contract submitted.** (Date Received _____) (Date Approved _____)
STATUS: _____

___ **Building Permits (or letter that building permits will be issued but for payment of fee)**
(Date Received _____) (Date Approved _____)
STATUS: _____

___ CPA Engagement Agreement*, (*N/A for Special Needs only projects*)
(Date Received _____) (Date Approved _____)
STATUS: _____

NJHMFA (All documents in this section will be prepared by NJHMFA):

___ Bond Letter with Bond Proforma/Cash Flow (Agency Form 10)* **(at time of Bond Sale Only)** (Date Approved _____)

___ Permanent Financing Agreement* (*prepared by paralegal*)

___ Satisfaction of Agency Board Commitment Requirements, if any, unless specifically noted as loan closing requirements.

___ Credit Officer to Circulate TEFRA Sheet to Borrower (*tax-exempt projects only*)

___ Confirmation from Bond Counsel for Pooled Issuance:
___ Owners Tax Certificate (Applicable to Tax-Exempt Bond Financing Only)
(original to go to Bond Counsel, copy to the Agency)
___ TEFRA Certification (TEFRA Sheet) (*tax-exempt projects only*)*

All numbers, including draw schedules and a final Form 10 must be completed no later than 72 hours prior to closing. In the event the numbers change on the Form 10, draw schedule, or any other numbers change within 72 hours of the scheduled closing, then the closing will be rescheduled.

IV. CLOSING REQUIREMENTS (All items are due at least two weeks before anticipated closing date.)

SPONSOR:

___ **Contractor's Liability Insurance Certificate (naming Sponsor and NJHMFA as Additional Insured)** (Date Received _____) (Date Approved _____)
STATUS: _____

- ___ FINAL Executed Operations Agreement with all Exhibits attached for Sponsoring Entity
(Final needed at Closing) **assigned paralegal can provide required HMFA language**
- ___ Partnership Agreement (LP) with HMFA Statement
- ___ Operating Agreement (LLC) with HMFA Statement
- ___ By Laws (Corporation) with HMFA Statement
(Date Received _____) (Date Approved _____)
STATUS: _____
- ___ Filed Notice of Settlement (*Valid for 60 days prior to closing*)
(Date Received _____) (Date Approved _____)
STATUS: _____
- ___ Deed Evidencing Title in Sponsor's Name (if applicable)
(If Ground Lease – Fully Executed Ground Lease)
(Date Received _____) (Date Approved _____)
STATUS: _____
- ___ Certificate of Good Standing - Current within 30 days of **bond sale and/or closing**
- ___ Borrower
- ___ Managing Member/General Partner
- ___ Investor Member
- ___ OTHER member over 10%
(Date Received _____) (Date Approved _____)
STATUS: _____
- ___ Payoff Letter for Any Mortgages or Other Liens to be Discharged
(Date Received _____) (Date Approved _____)
STATUS: _____
- ___ Title Insurance Commitment and Title Related Requirements (updates required for closing)
*Commitments needed for each Agency or Agency administered loan closing. **NOTE:** Affirmative insurance required for any exceptions in commitment that will remain at the time of closing.*
- ___ Tax Search
- ___ Assessment Search
- ___ Municipal Water/Sewer Utility Search
- ___ Evidence of payment of taxes, if applicable
- ___ Evidence of payment of utilities, if applicable
- ___ Judgment Search
- ___ Sponsoring Entity
- ___ General Partner(s)/Managing member(s)
- ___ Corporate Status and Franchise Tax Search, if applicable
- ___ Tidelands and Wetlands Search
- ___ Flood Hazard Area Certification
- ___ Closing Protection Letter for Title Officer Attending Closing

- ___ Survey Endorsement insuring final survey without exceptions
- ___ **Title Rundown Confirmation (in writing)**
- ___ Copies of All Instruments of Record
- ___ First Lien Endorsement, (and/or Second Lien, etc.,) if applicable
- ___ Gap Endorsement Coverage or acceptable language in lieu of
- ___ Environmental 8.1 Endorsement
- ___ Evidence of payment of current condominium fees/assessments, if applicable
- ___ Arbitration Endorsement

Additional Endorsements as may be required depending on project type :

- ___ ALTA 13.1 - Leasehold endorsement, if applicable
- ___ ALTA 9 – Restrictions, Encroachments, Minerals, if applicable
- ___ ALTA 18 Multiple Parcels Endorsement (if scattered site project)
- ___ ALTA 5.1 – Planned Unit Development, if applicable
- ___ Condominium Endorsement, if applicable

(Date Received _____) (Date Approved _____)

STATUS: _____

- ___ Closing Bills: invoices for payment; paid invoices and cancelled checks for reimbursement (Date Received ___) (Date Approved _____)

STATUS: _____

- ___ Payoff Letter for any Mortgages or other liens to be discharged along with wiring instructions for payoff (Date Received ___) (Date Approved _____)

STATUS: _____

- ___ W-9 Escrow Account forms* for Borrower/Project Entity/Buyer *and* for each vendor (Date Received _____) (Date Approved _____)

STATUS: _____

- ___ New Jersey Division of Taxation Tax Clearance Certificate (for Borrower) Questions may be directed to 609-292-9292 or via email at [Premier Services Registration](#).

Date of Clearance: _____ (*Valid for 180 days*)

STATUS: _____

- ___ Housing Resource Center (“HRC”) registration of project. (*N/A for Special Needs Only projects*) (Date Received _____) (Date Approved _____)

STATUS: _____

- ___ Other Regulatory Approvals, if applicable: (Date Received ___) (Date Approved ___)

___ NJ DEP Treatment Works Approval (Sewer), if applicable

___ Wetlands Approval, if applicable

___ CAFRA Approval

___ Pinelands Approval, if applicable

___ Resolution from Municipal/County Authority, if applicable

STATUS: _____

- ___ Executed Rental Assistance Agreements, if applicable (Date Received ___) (Date Approved ___)

STATUS: _____

Final Contract Drawings and Specifications, *if updated since previously provided*
(Date Received _____) (Date Approved _____)

STATUS: _____

Evidence of completion of Environmental Remediation Plans, if applicable
(Date Received _____) (Date Approved _____)

STATUS: _____

Owner's / Developer's Commercial General and Umbrella Liability Insurance Certificate and Policies (Naming NJHMFA as additional insured and First Mortgagee) meeting NJHMFA Insurance Requirements (Date Received _____) (Date Approved _____)

STATUS: _____

Flood Insurance Certificate and Policy, if applicable (naming NJHMFA as First Mortgagee, Additional Insured and Loss Payee) (Date Received _____) (Date Approved _____)

STATUS: _____

Insurance Policy (naming NJHMFA as First Mortgagee, Lender Loss Payable and Additional Insured) – original policy with paid receipt evidencing payment of all premiums for first year in advance; must meet NJHMFA insurance specifications. **PLEASE NOTE: The Agency's Insurance Division requires a full 30 days to review insurance submissions. Please keep this in mind when anticipating a closing date. (Note that an insurance certificate is not sufficient to meet this requirement. If a full insurance policy is temporarily unavailable, closing may occur if a letter is submitted from the insurance provider (not the broker) confirming that the insurance agent has the authority to bind the provider insuring the project under the Cert. of Insurance.)** (Date Received _____) (Date Approved _____)

A.M. Best Rating for Surety Provider: _____

STATUS: _____

Development Cost or Tax Credit Audit, or audit document as otherwise approved/required by the Agency (*Special Needs Projects form of Audit required*)
Required 6 weeks prior to anticipated closing date.

(Date Received _____) (Date Approved _____)

STATUS: _____

Attorney Transactional Documents (Date Received _____) (Date Approved _____)

____ Counsel Opinion from Sponsor, Attorney* **for loan closing.**

____ Seller's Affidavit of Title and Corporate Resolution to Sell (if applicable)

____ Mortgagor's and/or Grantee's Affidavit of Title*

____ Resolution to Borrow*/Resolution to Accept Grant Funds*, as applicable

STATUS: _____

Architect/Engineer Documents:

Final As-Built Survey (2 sealed originals certified to Sponsor, HMFA and Title Insurance Company showing as-built condition of property including location of all buildings), (If applicable) (Date Received _____) (Date Approved _____)
STATUS: _____

Final As-Built Drawings & Specifications, *must be submitted electronically in PDF format*, (If applicable) (Date Received _____) (Date Approved _____)
STATUS: _____

Evidence of completion of Environmental Remediation Plans, if applicable
(Date Received _____) (Date Approved _____)
STATUS: _____

Architect's Certificate of Substantial Completion with punchlist, *if applicable*.
DATE OF SUBSTANTIAL COMPLETION: _____
(Date Received _____) (Date Approved _____)
STATUS: _____

Certificate of Occupancy covering all units, *if applicable*
DATE OF CERTIFICATE OF OCCUPANCY: _____
(Date Received _____) (Date Approved _____)
STATUS: _____

Architect's Letter certifying all warranties and maintenance manuals were delivered to Project Sponsor (Date Received _____) (Date Approved _____)
STATUS: _____

Street Vacation Ordinances (Ordinance with Proof of Publication), (If applicable)
(Date Received _____) (Date Approved _____)
STATUS: _____

Contractor Documents:

Final Release and Waiver of Lien and Affidavit from General Contractor* --including Schedule "A" – Verified List of Subcontractors, **which needs to list the following: Name of Subcontractor, Amount Paid and the Last Date worked on Site.**
(Date Received _____) (Date Approved _____)
STATUS: _____

Releases from all subcontractors* ([for subcontracts valued at \\$10,000 and/or above](#)), if applicable. (Date Received _____) (Date Approved _____)
STATUS: _____

Construction Cost Audit from Contractor, or audit document as otherwise approved by the Agency (*Special Needs Projects form of Audit required*)
(Date Received _____) (Date Approved _____)
STATUS: _____

___ **Consent of Surety to final payment to Contractor (AIA form), if applicable**
(Date Received _____) (Date Approved _____)
STATUS: _____

___ **Permanent Guarantee:** _____ (Date Received _____) (Date Approved _____)
For Agency Permanent Financing (or Permanent Conversation for C/P): Sponsor has the option of providing a 10% Letter of Credit, 30% Warranty Bond in lieu of Payment and Performance Bond. **A.M. Best Rating for Surety Provider:** _____
Note this guarantee will be required to exist for a period of two years post construction completion as determined by the Certificate of Occupancy date or Architect's Certificate of Substantial Completion, whichever is later. For Special Needs Only projects, refer to Special Needs Program document checklist requirements.
STATUS: _____

ENERGY STAR / TAX CREDITS GREEN POINT:

___ Post-Construction Authorization Letter (Date Received _____) (Date Approved _____)
Please contact the Technical Services contact person for questions.
STATUS: _____

___ Copies of the following: _____ (Date Received _____) (Date Approved _____)
___ Copy of rebate check issued for Energy Star Certification
___ HERS Rater Contract (Tax Credits or FRM Financing)
___ Copy of LEED Certificate
STATUS: _____

___ Management Agreement Package* (*in triplicate*) Forms available on NJHMFA website: <http://www.state.nj.us/dca/hmfa> - as applicable
___ Self-Managed (NJHMFA form MD 103.2)
___ Broker Managed (NJHMFA form MD 103.1)
STATUS: _____

NJHMFA:

___ Closing Proforma/Cash Flow (Agency Form 10)* **Please note that a closing date will not be scheduled until a Closing Proforma has been finalized with the Agency.**
___ Final Source & Uses Acknowledgement
___ Closing Statement
___ Receipt of Other Funding Sources, if applicable
STATUS: _____

___ Loan Documents* for Permanent loan closing.
___ Financing, Deed Restriction and Regulatory Agreement
___ Mortgage Note
___ Mortgage & Security Agreement
___ Assignment of Leases

- ___ UCC-1 Financing Statement
- ___ Assignment of Syndication Proceeds signed by Investor and Sponsor, if applicable
- ___ Disbursement Agreement, if applicable
- ___ Escrow Closing Agreement, if applicable
- ___ Tax Credit Deed of Easement and Restrictive Covenant (*prepared by Tax Credits*)
- ___ Errors and Omissions Statement
- ___ Other: _____

STATUS: _____

- ___ NJHMFA Determination as to Project Cost and Completion*
 - ___ Sponsor and NJHMFA Agreement as to Equity Base, (If applicable)
 - ___ Tax Credits: (Date Received _____) (Date Approved _____)
 - ___ Written confirmation that all requirements for Tax Credits have been received. This includes payment of all required fees.
- STATUS:** _____

V. POST CLOSING

- ___ Title Policy **and** Recorded Loan Documents (Post Closing) (Date Received _____)
- STATUS:** _____