

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.

Unit Size	Number of 1 Bedroom Units	Number of 2 Bedroom Units
Occupied		
Vacant		
Overall Total Units in Property		

## 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