

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

New Jersey Housing and Mortgage Finance Agency  
**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: \_\_\_\_\_

## Application --- (Continued)

### 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:

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#### 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:** 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