

Designation Form for Municipal Housing Officials

This form is for municipal employees only. More than one box may be checked. Complete one form per person

MUNICIPAL HOUSING LIAISON DESIGNATION

COAH requires each municipality to designate a municipal employee as its Municipal Housing Liaison.

Check here if the person listed below is the designated **Municipal Housing Liaison**.

RCA ADMINISTRATOR DESIGNATION

COAH requires each municipality receiving RCA funds to designate a municipal employee as its RCA Administrator.

Check here if the person listed below is the designated **RCA Administrator**.

MUNICIPAL MONITORING

COAH requires each municipality to designate a municipal employee to be **the primary person** assuming responsibility for providing monitoring information to COAH. Only the Municipal Housing Liaison may be the Primary person for Project/Program and Unit Monitoring and only the RCA Administrator in a receiving municipality may be the Primary person for RCA/Partnership monitoring. A **secondary person** may also be authorized to enter data into the CTM Monitoring System, but only one secondary person per title. Select the applicable function for the person below:

(Select Primary or Secondary. More than one monitoring function may be checked)

Primary Designation	Secondary Designation	Monitoring Function Designation
<input type="checkbox"/>	<input type="checkbox"/>	Affordable Housing Trust Fund
<input type="checkbox"/>	<input type="checkbox"/>	Project/Program and Unit
<input type="checkbox"/>	<input type="checkbox"/>	RCA/Partnership Receiving Muni

MUNICIPAL ADMINISTRATIVE AGENT DESIGNATION

Check here if the person listed below is a Municipal Employee who provides administrative services as an Administrative Agent for one or more affordable units in projects or programs in the municipality. Use the Administrative Agent Report Form to indicate the programs and/or projects administered by the Municipal Administrative Agent. If you contract with an outside agency to administer your affordable units, please complete Administrative Agent Report Form

Check here if the person listed below is a change in designee. * required information

* Name: _____

* Title: _____

* Municipality: _____

* County: _____

* Address: _____

* Phone #: _____ * FAX #: _____

* E-mail: _____ Cell #: _____

Signed: _____ Date: _____
Mayor/Manager

Please submit the information to:
 Terry Kizer
 Council on Affordable Housing
 P. O. Box 813
 Trenton, NJ 08625
 Fax: 609-633-6056
 E-mail: COAHadmin@DCA.State.NJ.US