

# CTM Project Counts Screen Form

**Municipality:** \_\_\_\_\_

**County:** \_\_\_\_\_

**Project Name:** \_\_\_\_\_

*To request corrections to Affordable Unit Counts on the CTM Project Count Screen, fill in the required information, fill in your name, sign and date this form and submit to COAH at [COAHAdmin@dca.state.nj.us](mailto:COAHAdmin@dca.state.nj.us) or fax to: 609-633-6056.*

<b>Category</b>	<b>Affordable Units (# of Units)</b>
New Construction .....	_____
New Construction Completed.....	_____
Rehab .....	_____
Completed Rehab.....	_____
Unmet Need Units.....	_____
Under Construction.....	_____
Age Restricted .....	_____
Family .....	_____
Special Needs Bedrooms Non-Age Restricted .....	_____
Special Needs Bedrooms Age Restricted.....	_____
Special Needs Units Non-Age Restricted .....	_____
Special Needs Units Age Restricted .....	_____
Very Low Income – 30%.....	_____
Very Low Rental – 35% (UHAC).....	_____
Low Income .....	_____
Moderate Income .....	_____
Rental .....	_____
Sale .....	_____
Efficiency .....	_____
1 Bedroom .....	_____
2 Bedroom .....	_____
3 Bedroom .....	_____
Townhouse.....	_____
Accessible .....	_____
Adaptable.....	_____
Adapted.....	_____

I, \_\_\_\_\_, certify the above list Affordable Units figures are the current figures for this Municipality and Project.

\_\_\_\_\_  
Signature Required

\_\_\_\_\_  
Date