

PROJECT / PROGRAM INFORMATION FORM

Changes to the **highlighted** areas are to be made directly into the CTM system. All other changes must be made on the form and submitted to COAH. • = **Required Field: This field must be filled in in order for CTM to save the record.**

PART A – PROJECT HEADER

Municipality: _____ County: _____

• **Project or Program Name:** _____

• **Project Status** (check current status and enter date of action for that status) Status Date

<input type="checkbox"/> Proposed/Zoned	_____
<input type="checkbox"/> Preliminary Approval	_____
<input type="checkbox"/> Final Approval	_____
<input type="checkbox"/> Affordable Units under Construction	_____
<input type="checkbox"/> Completed (all affordable certificates of occupancy (C.O.) issued)	_____
<input type="checkbox"/> Deleted from Plan	_____

(date approved by COAH)

(Make sure to click the Current field, to mark your status as the most current status.)

• **Project Type :** (check one)

Accessory apartments Assisted Living Residences Credits without Controls-Prior Cycle

ECHO Units Inclusionary Development Market to Affordable New Construction - 100% Affordable

Redevelopment Rehabilitation Supportive/Special Needs Housing

If an Inclusionary Development project, identify Project Sub Type: (check all that apply) •

Units constructed on-site Units constructed off-site Combination Growth Share Ordinance

If a Supp/Spec Needs Housing project, identify Project Sub Type: (check one) •

Transitional Facility for the Homeless Residential Health Care Facility Congregate Living Facility Arrangements

Group Homes Boarding Homes (A through E) (only eligible for credit for 1987-1999 plans)

Permanent Supportive Housing (unit credit) Supportive Shared Living Housing (bedroom credit)

PART B – PROJECT DETAIL (Complete all applicable sections)

COAH Rules that apply to project: Round 1 Round 2 Round 3

Project Address: _____

Project Block/Lot/Qualifier (list all) _____

Project Acreage: _____ **Density:** _____ **Set Aside:** _____

• **Project Sponsor:** (check one) Municipally Developed Nonprofit Developed Private Developer

Project Sponsor Name: _____

Project Developer Name: _____

Planning Regions: (check all that apply)

1 2 3 4 4B 5 5B

Highland Preservation Highlands Planning Area Pinelands Meadowlands

CAFRA Category 1 Watershed

Project Credit Type:(check one)

Prior-cycle (1980 – 1986) Post-1986 completed Proposed/Zoned Rehabilitation

Project Credit Sub-Type: (if applicable)

Addressing Unmet Need Extension of Controls (shown as, “Extension of Credit” in CTM)

• **Construction Type:** (check one) New (includes reconstruction and conversions) Rehabilitation

Flags: (check all that apply) 3.1 Phased Durational Adjustment Conversion Court Project

Density Increase Granted Mediated Project Overlay Zone Result of Growth Share Ordinance

High Poverty Census Tract Off-Site Partnership Project RCA Receiving Project

Reconstruction Part of Redevelopment Plan

Project Waiver granted: yes no Round Waiver was granted: R1 R2 R3

Type of Waiver: _____

Number of market units proposed: _____ **Number of market units completed:** _____

Number of market units with certificates of occupancy issued after 1/1/2004: _____

Number of affordable units under construction: _____

Condo Fee percentage: (if applicable) _____

Affordability Average Percentage: ¹ _____

¹ “Affordability Average” means an average of the percentage of median income at which restricted units in an affordable development are affordable to low and moderate-income households.

For Contributory or Combination Sites

Total payment in lieu of building affordable units on site _____

Number of affordable units created with payment _____

Municipal or RCA funds committed to project

Municipal or RCA funds expended

Funding Sources (check all that apply)

- County HOME County Rehab Funds CDBG Federal Home Loan Bank HODAG
- HUD HUD 202 HUD 236 HUD 811 HUD HOPE VI HUD HOME
- McKinney Funds Fannie Mae Multi-Family UDAG UHORP
- USDA-FHA Rural Development USDA-FHA - Section 515 Development Fees
- Municipal Bond Municipal Funds Payment in Lieu Private Financing RCA
- Capital Funding Balanced Housing Balanced Housing – Home Express
- DCA – Low Income House Tax Credit NPP DCA Shelter Support Services DDD
- DHSS DHHS HMFA Low Income House Tax Credit HMFA HMFA HOME
- MONI Section 8 Small Cities Other _____

Effective date of affordability controls: _____

Length of Affordability Controls: (in years) _____ or Perpetual

Project Contacts: (fill in all that apply)

Administrative Agent: _____

Property Manager: _____

Rehab Program Administrator: _____

Other: _____

For Redevelopment Projects:

Does this project require deed restricted units to be removed? Yes No

If Yes:

- # of deed restricted units removed _____
- # of moderate income units removed _____
- # of low income units removed _____
- # of very low income units removed _____
- # of rental units removed _____
- # of for-sale units removed _____
- # of one-bedroom units removed _____
- # of two-bedroom units removed _____
- # of three-bedroom units removed _____

PART C – COUNTS

Affordable Unit Counts:

Total non-age-restricted _____ Sales _____ Rentals _____ Total age-restricted _____ Sales _____ Rentals _____

Complete the chart for the number of non-age-restricted and age-restricted units that are **restricted** for the following income categories (do not report on the income levels of residents currently residing in the units)

<u>Low Income</u>	<u>Non-age restricted</u>	<u>Age-restricted</u>
30% of median income ²	_____	_____
35% of median income ³	_____	_____
50% of median income	_____	_____
<u>Moderate Income</u>		
80% of median income	_____	_____

Note: 30% = less than or equal to 30 percent of median income
 35% = greater than 30 percent and less than or equal to 35 percent of median income
 50% = greater than 35 percent and less than or equal to 50 percent of median income
 80% = greater than 50 percent and less than 80 percent of median income

Bedroom Distribution of Affordable Units:

Sale units	efficiency low _____	1 bedroom low _____	2 bedroom low _____	3 bedroom low _____
	efficiency mod _____	1 bedroom mod _____	2 bedroom mod _____	3 bedroom mod _____
Rental units	efficiency low _____	1 bedroom low _____	2 bedroom low _____	3 bedroom low _____
	efficiency mod _____	1 bedroom mod _____	2 bedroom mod _____	3 bedroom mod _____

Completed Units:

Number of affordable units completed in this project _____

Number of affordable units in this project lost through foreclosures, illegal sale or expired affordability controls _____

² Pursuant to N.J.A.C. 5:97-3.7 units deed restricted to households earning 30% or less of median income may be eligible for Bonus Credit for Very-Low Income Units. (RCA receiving units not eligible for bonus credits)

³ Pursuant to N.J.A.C. 5:80-26.3(d) At least 10 percent of all low- and moderate-income rental units must be deed restricted to households earning no more than 35 percent of median income

PART D - (completed by Sending Municipality)

For **Approved** Regional Contribution Agreements (RCA)

Sending Municipality _____ County _____

RCA Receiving Municipality _____ County _____

COAH approval date _____

Number of units transferred _____ Cost per unit _____

Total transfer amount _____ **Amount transferred to date** _____

For Partnership Program

Sending Municipality _____ County _____

Partnership Receiving Municipality _____ County _____

Name of Project _____

Credits for Sending Municipality _____

Total transfer amount _____ **Amount transferred to date** _____

Summary of Sending Municipality's contractual agreement with Partnership Receiving Municipality