

For Calendar Year Ending 12/31/2023

**NEW JERSEY HOUSING AND MORTGAGE FINANCE AGENCY
LOW INCOME HOUSING TAX CREDIT**

ANNUAL PROJECT CERTIFICATION

for

Projects in the Age-Friendly Senior Cycle (these projects have been funded in 2019 and later)

This property, in receiving its allocation of low income tax credits, was selected in part due to the commitment on the part of the owner to provide services to residents living in this property. As part of NJHMFA monitoring, we are requesting the owner to complete and submit the following information:

LITC #: _____

Project Name: _____

Project Address: _____

Credit Year: _____

Check the following components that the project is offering:

____ Transportation

Indicate name of provider and days/hours onsite: _____

Indicate to what places transportation is provided: _____

____ Participation in the SIL program

Attach job description _____ Number of hours per week onsite: ____

Name of SIL coordinator: _____

____ On-site health provider with a private room

Name of health provider: _____

Number of hours the service provider is on site per month: ____

Number of residents utilizing services in a month (on average) _____

____ On-site Pharmacy, Wellness Clinic, Satellite Hospital Office, PACE program, Assisted Living Program (ALP), Medical Day Care Program Licensed Assisted Living Facility or Other Similar Programs

Indicate which service is being provided: _____

Name of service provider: _____

Number of hours service provider is onsite per week: _____

Number of residents served in a month (on average): _____

Revised 12/26/23

____ Accessible outdoor spaces

Indicate what outdoor spaces are being used:

____ Exercise Room

Indicate how this room is being used on a monthly basis:

Please indicate what changes you suggest to enhance the Age Friendly Senior Cycle

Please indicate what barriers you have encountered in offering the services in the Age-Friendly Senior Cycle

Please be aware that all information provided is required for NJHMFA LIHTC monitoring and is strictly confidential. Copies of contracts with Social Service Providers must be maintained along with other project records and must be furnished upon request by NJHMFA. During the on-site visit, NJHMFA personnel may wish to review files in regard to services and speak to various participants regarding the special needs components of the project.

NOTE: Failure to comply with the special needs requirements of the application is grounds for a determination of noncompliance.

Owner's Signature: _____ Date: _____

Print Name and Title _____