

PART II – COMPETITIVE RANKING

DUE: First Cycle: Friday, September 3, 2010 at 2:00pm
Second Cycle: Friday, October 1, 2010 at 2:00pm

Late submissions will not be accepted

PROJECT NAME _____ PARTNERSHIP NAME _____

Project must have an existing primary permanent mortgage with NJHMFA.

HMFA # _____ ADDRESS _____

CITY _____ COUNTY _____ ZIP CODE _____

From *April 30, 2010 – Friday, October 1, 2010*, the Agency will accept Part II Applications from projects that have received an MF WAP Letter of Eligibility.

First Cycle

Applications received by **2:00pm, Friday, September 3, 2010** will be considered to have arrived ON-TIME.

Projects must submit their Weatherization Plan to the Program Consultant (not NJHMFA) for review & approval **no later than August 20, 2010. Program Partners will be responsible for meeting this submission deadline.**

Second Cycle

Applications received by **2:00pm, Friday, October 1, 2010** will be considered to have arrived ON-TIME.

Projects must submit their Weatherization Plan to the Program Consultant (not NJHMFA) for review & approval **no later than September 17, 2010. Program Partners will be responsible for meeting this submission deadline.**

IMPORTANT: *First Cycle projects will have priority over all Second Cycle projects for funding, regardless of ranking.* Based on the ranking criteria listed on Page 2 of the “Multifamily Weatherization Assistance Program Guidelines”, projects will be ranked **within their cycle**, and all projects will be funded according to their ranking until all funds have been committed¹. If all funds have been committed, projects not receiving funding will remain at the top of the list, and will be reconsidered as future funding levels allow; however, all First Cycle projects will have priority over Second Cycle projects regardless of ranking score.

Projects that are awarded funding must close on the grant within sixty (60) days of award.

¹ Funds subject to availability

PROJECT RANKING SCORESHEET

		Applicant	Agency
OWNERSHIP OF PROPERTY	ENTER		
Property owner is or has a General Partner that is a non-profit	1		
OR	OR		
Property owner is for-profit and does not have a General Partner that is a non-profit	0		
INCOME-ELIGIBLE UNITS	ENTER		
85% or more units are eligible dwelling units	3		
OR	OR		
75-84% of units are eligible dwelling units	2		
OR	OR		
66-74% of units are eligible dwelling units	1		
NET INCOME/LOSS	ENTER		
Operating Loss on latest financial statement	1		
OR	OR		
Operating Profit on latest financial statement	0		
PROJECTED ENERGY SAVINGS	ENTER		
Energy Savings of 50% or more	3		
OR	OR		
Energy Savings of 30 – 49%	2		
OR	OR		
Energy Savings of 15 – 29%	1		
COMPARISON: CASH vs. COSTS	ENTER		
Available cash = 0 – 50% of the cost of improvements	3		
OR	OR		
Available cash = 51 – 75% of the cost of improvements	2		
OR	OR		
Available cash = 76% or more of the cost of improvements	1		
COMPARISON: CASH vs. R&R BALANCE	ENTER		
Available cash = 0 – 50% of required R&R Balance	3		
OR	OR		
Available cash = 51 – 75% of required R&R Balance	2		
OR	OR		
Available cash = 76% - 99% of required R&R Balance	1		
OR	OR		
Available cash = 100% of required R&R Balance	0		

TOTAL SCORE

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Scores should not include decimals.

Cure Period: Incomplete applications can be fixed during a 72-hour cure period. However, projects utilizing the cure period will lose one (-1) point.

Tiebreaker: NJHMFA will calculate which project uses requested funds most cost-effectively (highest energy savings x lowest per unit grant requested). The tie-breaker will be calculated after the initial review of submissions of competitive applications. Additional submittal material may be requested, as needed.

PROJECT INFORMATION SUMMARY

PROJECT DESCRIPTION

Site Acreage _____ acres
 Number of buildings _____
 Number of buildings containing low-income units _____

Building Address	Block	Lot	# of Units	# of Special Needs Beds	Built Prior to 1978*
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>

(If more space is needed, see last page of this application.)

* **Important Note:** As of April 2010, all renovations of pre-1978 properties must employ lead-safe work practices per US EPA and US Dept of Energy. <http://www.epa.gov/lead/pubs/renovation.htm>

Number of Currently Occupied DU's: _____

Number of Vacant DU's: _____ Total Number of Units: _____

PROJECT CLASSIFICATION: (Please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Family
<input type="checkbox"/> Senior Citizen
<input type="checkbox"/> Nonprofit Sponsored
<input type="checkbox"/> Supportive Housing
<input type="checkbox"/> Inclusionary Development | <input type="checkbox"/> Market
<input type="checkbox"/> Energy Star Units
<input type="checkbox"/> HUD
<input type="checkbox"/> Section 8
<input type="checkbox"/> Section 236 |
|--|---|

BUILDING TYPE

	# of Buildings	# of Stories	# of Residential Stories	# of Units	Elevator (Yes or No)	Master or Individual Meters*
Lo-Rise (1-3 stories)	_____	_____	_____	_____	_____	
Mid/High-Rise (4+ stories)	_____	_____	_____	_____	_____	
Garden Apartments	_____	_____	_____	_____	_____	
Rowhouse/Townhouse	_____	_____	_____	_____	_____	
Semi-detached	_____	_____	_____	_____	_____	
Single Family	_____	_____	_____	_____	_____	
TOTALS	_____			_____		

*This information is used for the NJHMFA Energy Benchmarking initiative; a requirement of all ARRA pilot programs.

SQUARE FOOTAGE

Gross Square Footage _____ s.f.
 Total residential square footage _____ s.f.
 Total low-income residential square footage _____ s.f.
 Total conditioned square footage _____ s.f.
 Total Non-conditioned square footage _____ s.f.

UNIT DISTRIBUTION (Do not include non-revenue units)

Type of Unit (1BR, 2BR, etc.)	# of Eligible Units (>200% of Federal Poverty Level)	# of Moderate-Income Units (>60% to 80% AMI)	# of Market Rate Units	TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<u>TOTAL</u>	_____	_____	_____	_____

NON-REVENUE UNITS: Indicate number of units, BR count and intended use (i.e. super's unit). _____

NUMBER OF STATE SUBSIDIZED UNITS _____

Is a superintendent's unit included in the State Subsidy units? Yes___ No___

If not, will the superintendent's unit be income restricted? Yes___ No___

NUMBER OF FEDERALLY SUBSIDIZED UNITS _____

Is a superintendent's unit included in the Federal Subsidy units? Yes___ No___

If not, will the superintendent's unit be income restricted? Yes___ No___

NUMBER OF COUNCIL ON AFFORDABLE HOUSING UNITS _____

PROJECT DEVELOPMENT SCHEDULE

Month/Year

WAP Grant Commitment _____
Bid Package Complete _____
Contractor Selection _____
HMFA Approval of Contractor, Scope of Work, Draw Schedule _____
WAP Grant Closing * _____
Construction Start ** _____
Construction Completion _____

* Projects must close on awarded WAP grant funds within 60 days of WAP Grant Commitment.

** For project sponsors applying for any of the ARRA pilot programs, applicants have a 30-day construction start date from the Closing date. **All projects must be completed and all funds expended by January 1, 2012.**

APPLICANT INFORMATION

Project Owner/
Applicant _____

Address _____
City _____ State _____ Zip Code _____
Telephone _____ Fax _____

Principals _____

Contact Person _____

Title _____
Company _____
Address _____
City _____ State _____ Zip Code _____
Telephone _____ Fax _____
E-mail _____

Name of Ownership Entity _____
 Currently Exists Tax ID# _____

Ownership Entity is:
 Limited Partnership LLP or LLC

LIST OF AUTHORIZED SIGNATORIES

The persons listed below are the only people authorized to sign official documents submitted to HMFA. Any change to this list must be in writing.

PRINT NAME	PRINT TITLE/AFFILIATION	SIGNATURE
_____	_____	_____
_____	_____	_____
_____	_____	_____

TEAM RESUMES

Insert a brief resume for the sponsor(s), developer(s), general partner(s), voting member(s), and limited partner and Pay for Performance Program Partner, and complete the list of Team Members below. If not applicable, please indicate with "N/A". Do not leave any Team Members blank. **Please include full address (street, city, state, zip).**

	Name	Tax ID#	Phone#	Fax#
Project Owner*	_____	_____	_____	_____
Address:	_____			
City:	_____			
State:	_____			
Zip:	_____			
Email:	_____			
Energy Auditor (must be on Pay for Performance Approved Partner list)*	_____	_____	_____	_____
Address:	_____			
City:	_____			
State:	_____			
Zip:	_____			
Email:	_____			
General Contractor	_____	_____	_____	_____
Address:	_____			
City:	_____			
State:	_____			
Zip:	_____			
Email:	_____			
Sponsor	_____	_____	_____	_____
Address:	_____			
City:	_____			
State:	_____			
Zip:	_____			
Email:	_____			

**Required*

	Name	Tax ID#	Phone#	Fax#
General Partner	_____	_____	_____	_____
Address:	_____			
City:	_____			
State:	_____			
Zip:	_____			
Email:	_____			
Voting Member (LLCs)	_____	_____	_____	_____
Address:	_____			
City:	_____			
State:	_____			
Zip:	_____			
Email:	_____			
Construction Lender	_____	_____	_____	_____
Address:	_____			
City:	_____			
State:	_____			
Zip:	_____			
Email:	_____			
Limited Partner	_____	_____	_____	_____
Address:	_____			
City:	_____			
State:	_____			
Zip:	_____			
Email:	_____			
Management Company	_____	_____	_____	_____
Address:	_____			
City:	_____			
State:	_____			
Zip:	_____			
Email:	_____			
Architect	_____	_____	_____	_____
Address:	_____			
City:	_____			
State:	_____			
Zip:	_____			
Email:	_____			
Attorney	_____	_____	_____	_____
Address:	_____			
City:	_____			
State:	_____			
Zip:	_____			
Email:	_____			
Accountant	_____	_____	_____	_____
Address:	_____			
City:	_____			
State:	_____			
Zip:	_____			
Email:	_____			

	Name	Tax ID#	Phone#	Fax#
Professional Planner	_____	_____	_____	_____
Address:	_____			
City:	_____			
State:	_____			
Zip:	_____			
Email:	_____			
Environmental Consultant	_____	_____	_____	_____
Address:	_____			
City:	_____			
State:	_____			
Zip:	_____			
Email:	_____			
Historical Consultant	_____	_____	_____	_____
Address:	_____			
City:	_____			
State:	_____			
Zip:	_____			
Email:	_____			
Project Development Consultant	_____	_____	_____	_____
Address:	_____			
City:	_____			
State:	_____			
Zip:	_____			
Email:	_____			
Syndicator	_____	_____	_____	_____
Address:	_____			
City:	_____			
State:	_____			
Zip:	_____			
Email:	_____			
Other:	_____	_____	_____	_____
Address:	_____			
City:	_____			
State:	_____			
Zip:	_____			
Email:	_____			

CERTIFICATION

In signing this document, I (we) (undersigned), certify that all information, included for the purpose of applying for an American Recovery and Reinvestment Act-funded program, is accurate and true. I (we) acknowledge that the New Jersey Housing and Mortgage Finance Agency is relying on said information, and thereby acknowledge that I (we) are under a continuing obligation to notify NJHMFA in writing of any changes to the information in the application. I (we) understand that any failure to provide relevant information or any submission of incorrect information may result in the NJHMFA's refusal to release program funds to the project and/or possible barring from future participation in NJHMFA's programs.

I understand that I will be required to comply with all of the reporting requirements of the American Recovery and Reinvestment Act in support of NJHMFA and DCA in their reporting requirements to the federal government.

APPLICANT'S SIGNATURE: _____

DATE: _____

PREPARED BY:
(if different from applicant): _____
sign name

print name

print title

DATE: _____

REQUIRED SUBMISSIONS

The following information must be provided in a three ring binder with the tabs as noted below. See Mailing Information below for the date and location for submission.

1. Application (this form) †
 2. Copy of Signed NJHMFA WAP “ELIGIBLE” Letter †
 3. Copy of Executed Contract with Energy Auditor. Auditor must be on the list of Pay for Performance (P4P) Program-approved Partners.
 4. Pre-approved Weatherization Plan (*must be submitted for pre-approval to Program Consultant minimum of **two weeks** prior to Cycle Deadline*)
 5. Preliminary Financing Plan
 6. Income Eligibility Documentation
 - a. Most recent year’s Income Recertifications for all occupied apartments. Must include **gross income** and **family size**.
- OR**
- b. For federally subsidized Section 8 or 236 properties, income certifications on the property’s TRACS report (e.g. “tenant baseline report”). Must include **gross income** and **family size**.
7. Copy of Final 2009 Profit/Loss Statement (dated 12/31/09)
 8. Copies of most recent statements for all bank and investment accounts (excluding Agency-held escrows).
 9. Copy of current R&R schedule
 10. Signed Carbon Emissions release form†

†Agency form documents must be used.

Send *one copy* of this application to New Jersey Housing and Mortgage Finance Agency:

<u>Mailing Address</u>	<u>FED EX / UPS</u>
P.O. Box 18550	637 South Clinton Avenue
Trenton, New Jersey 08650-2085	Trenton, New Jersey 08611
ATTN: Bob Sasso	ATTN: Bob Sasso
Director of Property Management	Director of Property Management

Note: All times and dates subject to change. Changes will be posted at: www.njgreen.gov/recovery

Carbon Emissions Release & Assignment

PROJECT RELEASE

Financing Program: _____

Date: _____

To Whom It May Concern:

In consideration of NJHMFA's funding of energy conservation improvements of the development listed below, the Undersigned hereby releases and assigns to NJHMFA the ownership of and any other interest in or to, any and all greenhouse gas emission reductions ("GHG Emission Reductions"), including but not limited to any and all related certificates and value, whether currently in existence, verified or verifiable, now or in the future part of a mandatory or voluntary greenhouse gas reduction program, resulting from any and all improvements financed by the financing program referenced above and/or otherwise made by NJHMFA.

While the sale of these GHG Emission Reductions on a building-by-building basis generates negligible value, we hope that all of the reductions across the program will eventually combine to create enough value in the Carbon Market to partially subsidize the cost of administering this and other energy efficiency programs and allow us to offer the opportunity of energy efficiency improvements to future developments participating in this and other programs.

This release and assignment of the Undersigned's interest in or to GHG Emission Reductions specifically includes but is not limited to any and all rights to create, trade, sell, retire or otherwise control such GHG Emission Reductions. The Undersigned agrees that they shall not at any time assert or claim any right or interest in or to, or exercise or attempt to exercise any control over, the GHG Emission Reductions relating to improvements made using funds from the above-named financing program by NJHMFA.

Sincerely,

Authorized Representative (printed name): _____

Development Name: _____

Building Service Address: _____

Development Contact: _____

Mailing Address: _____

Phone: _____ Email: _____

