

**SPECIAL NEEDS POPULATION CERTIFICATION FORM  
FOR PROJECTS FUNDED WITH LOW INCOME HOUSING TAX CREDITS  
(5% SET ASIDE OR SPECIAL NEEDS CYCLE)**

Name of Project: \_\_\_\_\_ LITC #: \_\_\_\_\_  
 HMFA #: \_\_\_\_\_  
 SN #: \_\_\_\_\_

This is to certify that the following tenants meet the definition of an “Individual with Special Needs”. \* Use additional sheets as necessary.

TENANT NAME	TYPE OF SPECIAL NEEDS POPULATION
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

**Name of Social Service Provider:** \_\_\_\_\_

**Please attach a letter on letterhead from the referring social services provider for each tenant indicating that the individual(s) is/are a client and eligible to receive services.**

Signature:

Owner

\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Print Name and Title

\* Definitions:

“Individuals with special needs” means individuals with mental illness, individual with physical or developmental disabilities and individuals in other emerging special needs groups identified by State agencies. NJHMFA acknowledged special needs populations also include victims of domestic violence; ex-offenders and youth offenders; youth aging out of foster care, runaway and homeless youth; individuals and families who are homeless; disabled and homeless veterans; and individuals with AIDS/HIV.

“Individuals with mental illness” means individuals with a psychiatric disability or individuals with a mental illness eligible for housing or services funded by the Division of Mental Health Services in the Department of Human Services.

“Individuals with developmental disabilities” means an individual with a severe, chronic disability with a severe chronic disability, which is attributable to a mental or physical impairment or combination of mental or physical impairments; is manifested before the person attains age 22 and is likely to continue indefinitely. The disability results in substantial functional limitations in three or more of the following areas of major life activity: life-care; receptive or expressive languages; learning; mobility; self-direction; capacity for independent living; and economic sufficiency; and reflects the person’s need for a combination and sequence of special, interdisciplinary, or generic care, treatment or other services that are of lifelong or extended duration and are individually planned and coordinated.

“Homeless individuals or families” mean any individual or family that does not have stable housing. Individuals coming out of a State psychiatric hospital, transitional living program, half-way house, jail or correctional facility, with no place to live may be considered homeless.