SALES

NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS
AFFORDABLE HOUSING MANAGEMENT SERVICE

DEED RESTRICTED SALES UNIT INVENTORY FORM
◆ TO BE COMPLETED BY MUNICIPAL OFFICIAL OR PRIVATE DEVELOPER ◆

PLEASE CHECK IF THIS FORM IS:
- ☐ INITIAL INVENTORY
- ☐ INFORMATION CORRECTION
- ☐ RESALE REVISION
- ☐ INVENTORY DELETION

CONTRACT # & UNIT NUMBER (MUNICIP. UNIT #) PROJECT #

REGION # REHAB/NEW (R/N) # OF BDRMS LOW/MOD (L/M)

OWNER/DEVELOPER NAME (LAST, FIRST NAME, M.I.) FED. ID / SSN

CO-OWNER NAME (LAST, FIRST NAME, M.I.) FED. ID / SSN

OWNER MAILING ADDRESS STATE ZIP-CODE

CITY

AREA CODE & TELEPHONE NUMBER

UNIT STREET ADDRESS STATE ZIP-CODE

CITY

COUNTY BLOCK # LOT # CONTRACT MUNICIPALITY MUN. CODE

$ BASE PRICE $ EST. MTLY HOUS. COST MON. DATE YEAR DATE OF RESTRICTION # OF YRS. AFFORD. RANGE %

$ RESALE PRICE MON. DATE YEAR RESALE DATE (TRANSFER)

DESIGNATED HEAD OF HOUSEHOLD SHOULD COMPLETE FOR STATISTICAL EVALUATION PURPOSES

RACE (X ONE)
☐ WHITE ☐ BLACK ☐ NATIVE AMERICAN ☐ ASIAN ☐ OTHER

ETHNIC (X ONE)
☐ HISPANIC ☐ NON-HISPANIC

☐ HAND./DIS. (X FOR HD OF HSEHLD ONLY) AGE HOH # IN HSEHLD # UNDER 18 # EMPLOYED SEX

FUNDING RESOURCES (X ALL THAT APPLY)

☐ B-NJPBHP
☐ A-NJHMFA
☐ D-DEVELOPER CONTRIB.
☐ R-REG. CONTRIB. AGRMT.
$ _____
☐ X-FINANCIAL INST. MORT.
☐ P-PRIVATE RESOURCES
☐ O-OTHER _____

FEDERAL FUNDS (CIRCLE ONE)
CDBG, HODAG, UDAG, SECTION 8 MOD
SECTION 8 RENT REHAB, OTHER
☐ STATE FUNDS/NPPP

PREFERENCE CATEGORIES FOR SELECTION (X ALL THAT APPLY)

☐ S-SUBSTAND UNIT ☐ M-MUNIC. EMPL. ☐ R-MUNIC. RES. ☐ J-JOB SITE ☐ E-ELDERLY ☐ H-HAND./ DIS. ☐ DISPLACED

KHOV046635

UNIT INVENTORY SUMMARY

Project Name: _____

Date of Report: _____

SALE

Unit #	Unit Address	Occupant Name	Previous Address	# in Family	Income at Certification	Sale Price	Length	Deed Restriction Date Signed	Deed Restriction Date Recorded	Book Page	# of Bedrooms

KHOV046636

OS2178 Dept. Dev.