

Housing and Community Development Network of New Jersey
2008 Asset Management Portfolio Strategy (AMPS) Program
APPLICATION FOR ADMISSION

Directions: Please print or type. Answer questions completely. If a question does not apply, write N/A.
For an MS Word version of this application, download the file from the Network's website @ www.hcdnnj.org. Mail your completed application by May 30, 2008 to:

Asset Management Portfolio Strategy Program
Housing & Community Development Network of New Jersey
145 West Hanover Street
Trenton, NJ 08618

I. Personal Information

Name in full (last, first, middle): _____

Permanent home address: _____

Home telephone #: (____) _____ email: _____

Ethnic origin (optional): _____ # of years in non-profit housing development: _____

II. Employment Information

A. Organization name: _____

Address: _____

Tax ID #: _____ Is this a 501(c)(3) organization? _____

CHDO Status? _YES/NO_ Date Established: _____ City/County/State: _____

Are you a full-time staff person? _____

Date of employment: _____ Phone #: (____) _____

Fax #:(____) _____ email: _____

Your title: _____

Supervisor and title: _____

Responsibilities: _____

Accomplishments: _____

III. Other Information

A. Do you use a computer? ___ yes ___ no If so, describe the capacity of the computer you use (i.e., 486, Pentium, Windows or Mac OS, etc.).

B. If applicable, describe your proficiency with, and application of, a spreadsheet, project management, GIS mapping and database programs.

C. What kind of internet access will you have during the program? (i.e. dial-up 56K modem, DSL, etc.) _____

D. Describe any relevant specialized training you have received:

Dates	Names & Location	Type of Training
-------	------------------	------------------

D. What do you want to accomplish during this 5-month course:

E. What are your learning needs in portfolio asset management and property management business planning?

If more than one person is participating from the same organization, please copy these first two pages and complete sections I-III for each one.

IV. Project Profiles

Total units	owned by your organization:	_____
	managed by your organization:	_____

Please list and describe all housing development projects that *you* have been involved with or completed in the last three years or are currently involved with. What specific role did you play in each project?

Project* Name & Location	# of Units & Project Type	Current Status (including completion date)	Your Role(s) In Project
<i>Example:</i> 107 Spring Street Floodwater, NJ	25 unit tax credit rental: gut rehab & adaptive re-use	Completed in 7/01 and in 4 th year of operation; positive but tight cash flow	1, 2, 4, 7

*Definition: To qualify as a "project,"¹ at least a formal feasibility or business plan must have been completed.

- **Role Code:
- 1 - concept & feasibility, project planning
 - 2 - arranging financing, identifying funding sources, loan applications, proposal writing
 - 3 - managed project construction/implementation
 - 4 - supervision of project/construction manager, and/or development team
 - 5 - sales or rent up marketing
 - 6 - property management
 - 7 - asset management

Note: Please use additional sheets if necessary.

V. Conditions of Acceptance

A. Training contract

Are you willing to sign a document expressing your intention to continue to work for your present employer for at least one year after you have completed the Training program?
 _____ yes _____ no

B. Board Approval Resolution

Your application should include a "Resolution" of approval from the executive director or chief executive officer of your employing organization that supports your participation in the program. You will be committing to attend four two to three-day instructional workshops in Trenton, a one 2-3 hour technical assistance sessions at your place of business, and two one-on-one technical assistance sessions to be made available at the training center; in addition, you must complete substantial assignments during the course of the 5-month course. Your board and the organization's chief executive officer must state in the "Resolution" that they are aware of this time commitment and are willing to allow you to adjust your work schedule to accommodate these requirements.

Upon acceptance to the program, your organization's board of directors and CEO will sign a similar resolution within a training contract that also includes language expressing their organizational commitment to increase asset and, in some cases, property management capacity and develop a strategic plan to guide organizational, management and development activities.

VI. Letter of Support

Please provide a letter of support from your "Participating Jurisdiction" (the administrator of the federal HOME program in your local municipality or county) for your organization's participation in the Network's Asset Management Portfolio Strategy Program in order to make strategic short- and long-term plans for your rental portfolios. *The letter should also contain a statement saying that they are currently or are planning to use HOME funds in your organization's affordable housing projects.*

Participating Jurisdiction Contact Information

Name _____

Title _____

City, County, or State of NJ _____

Agency/Department _____

Address _____

Telephone (____) _____

D. Verification and release of information

Please sign your application.

The information provided is correct to the best of my knowledge. I hereby give my permission to the staff of the Housing & Community Development Network of New Jersey to contact the references and/or employers identified in this application.

Signature

Date

Please enclose the following:

- * \$50 non-refundable application fee
- * A copy of your resume
- * Information on an exemplary rental project within your portfolio, including annual operating statements
- * Signed Board resolution
- * Letter of support from HOME Program Participating Jurisdiction