

AFFIDAVIT OF CONSIDERATION OR EXEMPTION(c. 49, P.L. 1968)

or
PARTIAL EXEMPTION
(C. 176, P.L. 1975)

To Be Recorded With Deed Pursuant to c. 49, P.L. 1968, as amended by c. 308, P.L. 1991 (N.J.S.A. 24:15-5 et seq.)

STATE OF NEW JERSEY
COUNTY OF SOMERSET

ss.

FOR RECORDER'S USE ONLY
Consideration \$
Realty Transfer Fee \$
Date By

*Use symbol "C" to indicate fee is exclusively for county use.

(1) PARTY OR LEGAL REPRESENTATIVE (See instructions # 3, 4, & 5)

Deponent, David A. Wyher, being duly sworn according to law upon his/her oath deposes and says that he/she is the the President of Grantor in a deed dated November 20, 2003, transferring real property identified as Block No. 332 Lot No. 3 located at 38 Wheeler Road, South Brunswick Township, Middlesex County, New Jersey, and annexed hereto.

(2) CONSIDERATION (See Instruction # 6)

Deponent states that, with respect to the deed hereto annexed, the actual amount of money and the monetary value of any other thing of value constituting the entire compensation paid or to be paid for the transfer of title to the lands, tenements or other realty, including the remaining amount of any prior mortgage to which the transfer is subject or which is to be assumed and agreed to be paid by the grantee and any other lien or encumbrance thereon not paid, satisfied or removed in connection with the transfer of title is \$1.00

(3) FULL EXEMPTION FROM FEE

Deponent claims that this deed transaction is fully exempt from the realty transfer fee imposed by c. 49, P.L. 1968, for the following reason(s): Explain in detail. (See Instruction #7.). Mere reference to exemption symbol is not sufficient.

(a) For a consideration of less than \$100.00

(4) PARTIAL EXEMPTION FROM FEE

NOTE: All boxes below apply to grantor(s) only. ALL BOXES IN APPROPRIATE CATEGORY MUST BE CHECKED. Failure to do so will void claim for partial exemption. (See Instructions 8 and 9.)

Deponent claims that this deed transaction is exempt from the increased portion of the Realty Transfer Fee imposed by c. 176, P.L. 1975 for the following reason(s):

A. SENIOR CITIZEN (See Instruction # 8)

- [] Grantor(s) 62 yr. of age or over. *
[] One or two-family residential premises.

- [] Owned and occupied by grantor(s) at time of sale.
[] Owners as joint tenants must all qualify except, in

the case of a spouse.

B. BLIND (See Instruction #8)

- [] Grantor(s) legally blind. *
[] One or two-family residential premises.
[] Owned and occupied by grantor(s) at time of sale.
[] No owners as joint tenants other than spouse or other qualified exempt owners.

DISABLED (See Instruction #8)

- [] Grantor(s) permanently and totally disabled. *
[] One or two-family residential premises.
[] Receiving disability payments.
[] Not gainfully employed.
[] No owners as joint tenants other than spouse or other qualified exempt owners.

*In the case of husband and wife only one grantor need qualify

C. LOW AND MODERATE INCOME HOUSING (See Instruction #8)

- [] Affordable According to HUD Standards.
[] Meets Income Requirements of Region.

- [] Reserved for Occupancy.
[] Subject to Resale Controls.

D. NEW CONSTRUCTION (See Instruction #9)

- [] Entirely new improvement.
[] Not previously used for any purpose.

- [] Not previously occupied.

Deponent makes this Affidavit to induce the County Clerk or Register of Deeds to record the deed and accept the fee submitted herewith in accordance with provisions of c. 49, P.L. 1968.

Subscribed and Sworn to before me
this 20th
day of November, 2003

Name of Deponent David A. Wyher

Name of Grantor Developmental Resources Corporation

Robert J. Foley
Attorney at Law of NJ

1130 Route 202 South
Address of Deponent

Raritan, NJ 08869
Address of Grantor at Time of Sale

FOR OFFICIAL USE ONLY This space for use of County Clerk or Registrar of Deeds
Instrument Number County
Deed Number Book Page
Deed Dated Date Recorded

IMPORTANT -- BEFORE COMPLETING THIS AFFIDAVIT, PLEASE READ THE INSTRUCTIONS ON THE REVERSE SIDE HEREOF.

This form is prescribed by the Director, Division of Taxation in the Department of the Treasury, as required by law, and may not be altered or amended without approval of



16. PRIOR ROUND: MAJOR ROAD GROUP HOME

**Department of Community Affairs
Council on Affordable Housing
Supportive and Special Needs Housing Survey**

Municipality: SOUTH BRUNSWICK TWP. County: MIDDLESEX
 Sponsor: DELTA COMMUNITY SUPPORTS Developer: DELTA COMMUNITY SUPPORTS
 Block: 51 Lot: 6.01 Street Address: 186 MAJOR RD.
 Facility Name: SOUTH BRUNSWICK GROUP HOME S. BRUNSWICK, NJ

<p>Section 1. Type of Facility</p> <input checked="" type="checkbox"/> Licensed Group Home <input type="checkbox"/> Transitional facility for the homeless (not eligible for credit as affordable housing after June 2, 2008) <input type="checkbox"/> Residential health care facility (licensed by NJ Dept. of Community Affairs or DHSS) <input type="checkbox"/> Permanent supportive housing <input type="checkbox"/> Supportive shared housing <input type="checkbox"/> Other - Please Specify: _____	<p>Section 2. Sources and amount of funding committed to the project:</p> <input type="checkbox"/> Capital Application Funding Unit \$ _____ <input type="checkbox"/> HMFA Special Needs Housing Trust \$ _____ <input type="checkbox"/> Balanced Housing - Amount \$ _____ <input type="checkbox"/> HUD - Amount \$ _____ Program _____ <input type="checkbox"/> Federal Home Loan Bank - Amount \$ _____ <input type="checkbox"/> Farmers Home Administration - Amount \$ _____ <input type="checkbox"/> Development fees - Amount \$ _____ <input type="checkbox"/> Bank financing - Amount \$ _____ Program _____ <input type="checkbox"/> Other - Amount \$ _____ Program _____ <input type="checkbox"/> For proposed projects, please submit a pro forma <input type="checkbox"/> Municipal resolution to commit funding, if applicable <input type="checkbox"/> Award letter/financing commitment (proposed new construction projects only)
<p>Section 3. For all facilities other than permanent supportive housing:</p> <p>Total # of bedrooms reserved for: Very low-income clients/households <u>3</u> Low-income clients/households _____ Moderate-income clients/households _____ Market-income clients/households _____</p>	<p>Section 4. For permanent supportive housing:</p> <p>Total # of units _____, including: # of very low-income units _____ # of low-income units _____ # of moderate-income units _____ # of market-income units _____</p>
<p>Section 5: Length of Controls: <u>15</u> years Effective Date of Controls: <u>4/20/03</u> Expiration Date of Controls: <u>4/20/18</u> Average Length of Stay: <u>3</u> months (transitional facilities only) <u>(RESPITE)</u></p>	<p>Section 6: <input type="checkbox"/> CO Date: _____ For licensed facilities, indicate licensing agency: <input checked="" type="checkbox"/> DDD <input type="checkbox"/> DMHS <input type="checkbox"/> DHSS <input type="checkbox"/> DCA <input type="checkbox"/> DCF <input type="checkbox"/> Other _____ Initial License Date: _____ Current License Date: _____</p>
<p>Section 7: Has the project received project-based rental assistance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No; Length of commitment: _____ years Other operating subsidy sources: <u>DDD</u>; Length of commitment: <u>1</u> years Is the subsidy renewable? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Section 8: The following verification is attached:</p> <input type="checkbox"/> Copy of deed restriction or mortgage and/or mortgage note with deed restriction (30-year minimum, HUD, FHA, FHLM, UHAC deed restriction, etc.) <input type="checkbox"/> Copy of Capital Application Funding Unit (CAFU) or DHS Capital Application Letter (20 year minimum, no deed restriction required)	
<p>Section 9: Residents 18 yrs or older? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Population Served (describe): <u>4 INDIVIDUALS W/DD</u> Age-restricted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Accessible (in accordance with NJ Barrier Free Subcode)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>Section 10. A firmative Marketing Strategy (check all that apply):</p> <input checked="" type="checkbox"/> DDD/DMHS/DHSS waiting list <input type="checkbox"/> Affirmative Marketing Plan approved by the Council's executive Director	

CERTIFICATIONS

I certify that the information provided is true and correct to the best of my knowledge and belief.

Certified by: [Signature] President 3-30-15
 Project Administrator Date

Certified by: _____
 Municipal Housing Liaison Date



♦ New Jersey Is An Equal Opportunity Employer ♦





License No. GH221

**State of New Jersey
Department of Human Services
Office of Licensing**

**LICENSE
DELTA COMMUNITY SUPPORTS, INC.**

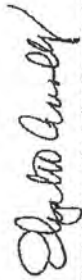
1130 Route 202
Raritan, NJ 08869

*Having met the requirements of the New Jersey Statute, P.L. 1977, c. 448, and the regulations of this Department,
is hereby licensed as a*

**Group Home Developmental Disability
for 4 individuals**

at
186 MAJOR RD
MONMOUTH JUNCTION, NJ 08852

This License is effective from 05/31/2015 to 05/31/2016


Elizabeth Connolly, Acting Commissioner
Department of Human Services



MIDDLESEX COUNTY CLERK

Return To:

JOHN SULLY
COUNTY OF MIDDLESEX
HOUSING & COMMUNITY DEVELOPMENT
JFK SQ NEW BRUNSWICK NJ 08901

Index DEED BOOK

Book 05324 Page 0541

No. Pages 0005

Instrument DEED EXEMPT

Date : 5/25/2004

Time : 3:47:25

Control # 200405251012

INST# DE 2004 011931

Employee ID LESUERY

DEVELOPMENTAL RESOURCES CORPOR
ATION

RECORDING	\$	45.00
EXEMPT	\$.00
DARM	\$	12.00
NJPRPA	\$	8.00
DARM 3.00	\$	3.00
NJPRPA	\$	2.00
- - - - -	\$.00
	\$.00
	\$.00

Total: \$ 70.00

STATE OF NEW JERSEY
MIDDLESEX COUNTY CLERK

ELAINE FLYNN
COUNTY CLERK



Cover sheet is part of Middlesex County filing record
Retain this page for future reference
Not part of the original submitted document

DO NOT REMOVE THIS PAGE.
TO ACCESS THE IMAGE OF
THE DOCUMENT RECORDED
HEREUNDER BY BOOK AND
PAGE NUMBER, USE THE
BOOK AND PAGE NUMBER
ABOVE.

BK5324PG541