

M-RISE Project ("Project") Expression of Interest Form

The information provided will be reviewed and prioritized for follow-up by the Program Administrator (PA). If an opportunity is determined to be well-suited and ready for support, the PA will collaborate with the building owner/manager to develop an M-RISE project plan. This plan will outline recommended upgrades and incorporate technical assistance, structured incentives, and negotiated payment milestones to mitigate financial risk. Participants are not expected to assume the full financial burden up front.

I. Applicant Contact Information

Applicant Company/Entity Name: _____
 First Name: _____ Last Name: _____ Phone Number: _____
 Applicant Mailing Address: _____ Municipality: _____ County: _____
 Zip Code: _____ Email: _____

II. Property Information

Property Mailing Address: _____
 Municipality: _____ County: _____ Zip Code: _____
 Total Number of Residential Units: _____ Number of Floors: _____
 Square Footage (approximate): _____ Year Built / Remodeled: _____
 Property Type (check one): ☐ Multifamily (100% residential) ☐ Mixed-use (includes multifamily)
☐ Other (with residential units): _____

III. Program Qualification

Type of Low- and Moderate-Income Multifamily Property:

- ☐ Federally assisted affordable/supportive housing (e.g., Section 8, Sec. 221, Sec. 236, Sec. 202, Sec. 811)
- ☐ Other subsidized or regulated housing (e.g., rent control, mixed-income/inclusionary units)
- ☐ Low-Income Housing Tax Credit (LIHTC) property
- ☐ Public housing
- ☐ Naturally occurring affordable housing (NOAH) / unsubsidized
- ☐ Not sure _____

Approximate share of residents who are low- to moderate-income (<80% AMI): ☐ 50% or more ☐ Less than 50% ☐ Not sure

IV. Property Management

Is this property managed by a third-party company? ☐ Yes ☐ No

If yes, Management Company Name: _____ Primary Contact: _____

Email: _____ Phone: _____

Occupancy Type: ☐ Majority owner-occupied ☐ Majority renter-occupied

V. Energy Systems

Primary Fuel Type: ☐ Electricity ☐ Natural Gas ☐ Fuel Oil ☐ Propane ☐ Other: _____

Heating System: ☐ Gas furnace ☐ Gas boiler ☐ Electric resistance ☐ Ducted heat pump ☐ Non-ducted (mini-split) heat pump ☐ Other: _____

Cooling System: ☐ Window/portable unit ☐ Central air conditioning ☐ Mini-split system ☐ Other: _____

If tenants use window/portable units, who owns them? ☐ Tenant ☐ Building

Water Heating System: ☐ Gas-fired tank ☐ Electric tank ☐ Tankless ☐ Heat pump water heater ☐ Other: _____

Water Heating Fuel Type: ☐ Electricity ☐ Natural Gas ☐ Fuel Oil ☐ Propane ☐ Other: _____

Current Utility Providers: Electric: _____ Gas: _____

VI. Verification and Next Steps

☐ I'm interested in learning more about the M-RISE Program. ☐ Please contact me to discuss my property's eligibility.

Signature of Applicant: _____ **Date:** _____

Please complete this form and email a scanned copy to: energyefficiency@bpu.nj.gov. A program representative will review your submission and contact you shortly.