



MISSISSIPPI HOME CORPORATION  
735 RIVERSIDE DRIVE  
JACKSON, MISSISSIPPI 39202

**PROGRAM BULLETIN #15-2702**

TO: Developers, Owners and Management Agents representing Owner's interest in Housing Tax Credit Developments  
FROM: <sup>RDC</sup> Robert D. Collier, Senior Vice President of Program Compliance  
DATE: February 27, 2015  
SUBJECT: 2015 Housing Tax Credit Compliance Monitoring Requirements Updates

Attached please find information regarding changes affecting the Housing Tax Credit (HTC) Compliance Monitoring Program during the 2015 calendar year. The attached information was presented at our 2015 Affordable Housing Conference held recently on February 23-25<sup>th</sup> in Natchez, Mississippi. The information noted on the document entitled "*Mississippi Home Corporation's 2015 Housing Tax Credit Compliance Monitoring Plan Summary of Updates*" is being forwarded to HTC developers, owners and management agents. Due to the important nature of the materials' content, we are forwarding to you a copy of the updated changes. All of the changes noted therein are outlined in detail in our 2015 Compliance Monitoring Plan. **Please note that the policies and procedures noted in release of the Compliance Monitoring Plan is effective April 1, 2015.** A copy of the updated Compliance Monitoring Plan can be downloaded from our website at [www.mshc.com](http://www.mshc.com).

In addition, for your review, find attached the *2015 Compliance Planner*, which includes our training schedule. Our training classes are designed to assist you with HTC "Fundamentals," as well as maintaining compliance on a host of other HTC requirements. Hopefully this schedule will meet most, if not all, of your individual training needs. Please note the date and times listed therein are subject to change.

Upon your review of the attached information, should you have any questions, please contact the Compliance Monitoring Division at 601-718-4642 or [compliance.htc@mshc.com](mailto:compliance.htc@mshc.com).

Enclosures: 2015 HTC CMP Summary of Updates  
Tenant Income Certification Form  
Live-in Aide/ Disability Verification Form  
2015 Compliance Planner  
2015 Territory Map

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**IMPORTANT NOTICE: Included in this publication is a summary of major changes and/or examples to the HTC Compliance Monitoring Plan. Minor updates, additions, clarifications, grammatical errors have not been identified in this summary.**

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#### COMPLIANCE MONITORING STAFF

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*New staff members added:*

**Terrintha McClellan**  
Compliance Officer

**Robin Kennedy**  
Compliance Assistant

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#### CHAPTER 3: STATE COMPLIANCE REQUIREMENTS

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*Deeper Income Targeting, page 38*

Household qualified at 30% of AMGI will be allowed an increase in income to 40% of AMGI at recertification before having to change the unit designation.

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*Housing for Persons with Disabilities, page 39*

Household must include one or more persons that have a mental or physical disability. Owners must document the file with the *Demographic Profile Reporting* form or other similar form which allows applicant to certify to his/her disability status. File must include the *Disability/Live-in Aide Verification* form. Instead of the verification form, applicant may provide Social Security, Supplemental Security Income or other benefit letter which documents the applicant's disability.

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*Housing for Veterans, page 40*

Household must include one or more persons that are eligible for Veteran benefits as documented by the U.S. Department of Veteran Affairs. Documents from the VA must be in the file.

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*30 Days Good Faith Marketing*

Upon vacancy of a special needs household (i.e. housing for persons with disability or veterans) or loss of special needs designation, development must actively market the any vacancy for thirty days first to the special needs population. Owner must list vacant unit(s) on [www.MSHousingSearch.org](http://www.MSHousingSearch.org), notify the applicable public housing authority and notify the general public via general circulation advertisements. Marketing efforts and waiting lists must be documented and ready for review. After thirty days, the vacant unit may be leased to an otherwise qualified household. The 30 Days Good Faith Marketing efforts must be repeated with each vacant unit the special needs set aside has been fulfilled.

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#### CHAPTER 4: DETERMINING & DOCUMENTING HOUSEHOLD ELIGIBILITY

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*Non-Custodial Children*

Policy revised to remove the requirement to document eligibility to be counted as part of the household size.

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*Foster Children/ Adults*

Verbiage revised throughout the manual to remove reference to foster children/adults as not part of household members.

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***Reduction of Occupants, page 57***

Language revised to align with IRS's 8823 guide. Policy revised to remove six months threshold.

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**CHAPTER 5: INCOME & ASSET DETERMINATION AND RESPONSIBILITIES**

***Methods of Verification, page 71***

Policy revised to align with order of acceptability of income verifications listed in HUD Handbook 4350.3 Change 4. Order of acceptability is: 1) upfront-income verification; 2) written third party verification from source; 3) oral third party verification from the source and 4) family certification. **NOTE:** Family certifications are last resorts and approval must be acquired from MHC.

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***Check Stubs, page 73***

Policy revised to change required number of check stubs from six to four when other third- party verification is not available.

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***Non-Employment Verification, page 76***

Verbiage added to clarify that follow-up should be included in the file for income listed within the last four quarters of the Mississippi Department of Employment Security's wage summary report.

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***Regular Income Calculation Methodology, page 77***

Verbiage revised regarding calculation of YTD income. Language modified from "count number of weeks from the date the YTD period starts to the end of the YTD period noted on the most current pay stub" to "count number of pay periods from the date the YTD period starts".

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**CHAPTER 8- POST YEAR 15 COMPLIANCE MONITORING PROCEDURES**

***Monitoring Procedure, page 121***

Language revised regarding automatic recertification waiver for clarification. Specifically, noted automatic waiver is for 100% low-income projects.

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**CHAPTER 11: NONCOMPLIANCE PROCEDURES & CONSEQUENCES**

***Fees & Penalties, page 147***

The following fee has been updated:

Other professional and legal costs- Amount to be determined on a case by case basis

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**FORMS**

The following forms have been revised:

Disability/ Live-in Aide Verification

Tenant Income Certification

**LIVE-IN AIDE/DISABILITY VERIFICATION**

**THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT**

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

<b>Mode of Delivery:</b>	
<input type="checkbox"/> Mailed	Date: _____
<input type="checkbox"/> Faxed	Date: _____
<input type="checkbox"/> Hand Delivered*	Date: _____

RE: \_\_\_\_\_  
Applicant/Tenant Name

\_\_\_\_\_ Social Security Number

\_\_\_\_\_ Unit # (if assigned)

I hereby authorize release of my information.

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of his/her need of a live-in aide and/or to verify that he/she is disabled. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

\_\_\_\_\_  
Project Owner/Management Agent

**Return Form To:**

**THIS SECTION TO BE COMPLETED BY A MEDICAL PROFESSIONAL**

**DEFINITION OF DISABLED**

Under federal law, an individual is disabled if he/she has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment. The term physical or mental impairment includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, drug addiction, and alcoholism. This definition does not include any individual who is a drug addict and who is currently using illegal drugs or an alcoholic who poses a direct threat to property or safety because of alcohol use [24 CFR Part 8.3].

**INFORMATION REQUESTED**

1. Is the above referenced household member disabled as defined above?  Yes  No
2. In your professional opinion, does the household member need the services of a live-in aid in order to have the same opportunity that a non-disabled individual has to use and enjoy their residence?  Yes  No

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

\_\_\_\_\_  
SIGNATURE DATE

\_\_\_\_\_  
PRINTED NAME/ TITLE TELEPHONE

**WARNING: Section 1001 of Title 18 U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.**

**Mississippi Home Corporation  
TENANT INCOME CERTIFICATION**

Initial Certification       Recertification       Other

Effective Date: \_\_\_\_\_  
Move-in Date: \_\_\_\_\_  
(MM/DD/YYYY)

**PART I - DEVELOPMENT DATA**

Development Name: \_\_\_\_\_ County: \_\_\_\_\_ BIN #: \_\_\_\_\_  
Address: \_\_\_\_\_ Unit Number: \_\_\_\_\_ # Bedrooms: \_\_\_\_\_

**PART II. HOUSEHOLD COMPOSITION**

HH Mbr #	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth (MM/DD/YY)	Age	F/T Student* (Y or N)	Social Security or Alien Reg. No.
1			<b>HEAD</b>				
2							
3							
4							
5							
6							
Total # of HH Mbrs =							

**PART III. GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)**

HH Mbr #	(A) Employment or Wages	(B) Soc. Security/Pensions	(C) Public Assistance	(D) Other Income (Child support, Contribution, etc..)
<b>TOTALS</b>	\$	\$	\$	\$
Add totals from (A) through (D), above			<b>TOTAL INCOME (E):</b>	\$

**PART IV. INCOME FROM ASSETS**

Hshld Mbr #	(F) Type of Asset	(G) C/I	(H) Cash Value of Asset	(I) Annual Income from Asset
<b>TOTALS:</b>			\$	\$
Enter Column (H) Total If over \$5000		\$ _____ X	Passbook Rate 0.06%	= (J) Imputed Income \$
Enter the greater of the total of column I or J: imputed income			<b>TOTAL INCOME FROM ASSETS (K)</b>	\$
<b>(L) Total Annual Household Income from all Sources [Add (E) + (K)]</b>				\$

**HOUSEHOLD CERTIFICATION & SIGNATURES**

The information on this form will be used to determine maximum income eligibility. I/we have provided for each person(s) set forth in Part II acceptable verification of current anticipated annual income. I/we agree to notify the landlord immediately upon any member of the household moving out of the unit or any new member moving in. \*I/we agree to notify the landlord immediately upon any member becoming a full time student.

Under penalties of perjury, I/we certify that the information presented in this Certification is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

\_\_\_\_\_  
Signature (Date)      Signature (Date)  
\_\_\_\_\_  
Signature (Date)      Signature (Date)

**PART V. DETERMINATION OF INCOME ELIGIBILITY**

TOTAL ANNUAL HOUSEHOLD INCOME  
FROM ALL SOURCES:  
From item (L) on page 1

\$

Current Income Limit per Family Size: \$ \_\_\_\_\_

Household Income at Move-in: \$ \_\_\_\_\_

Household Meets  
Income Restriction  
at:

- 30%    50%  
 60%    61-80%  
 <80%    >80%

Household Size at Move-in: \_\_\_\_\_

**RECERTIFICATION ONLY:**

**Current Income Limit x 140%:**  
\$ \_\_\_\_\_  
**Household Income exceeds 140% at  
recertification:**  
 Yes    No

**PART VI. RENT**

Tenant Paid Rent \$ \_\_\_\_\_  
Utility Allowance \$ \_\_\_\_\_

GROSS RENT FOR UNIT:  
(Tenant paid rent plus Utility Allowance, &  
other non-optional charges) \$

\*Maximum Gross Rent **LIMIT** for this unit: \$ \_\_\_\_\_

Federal Rent Assistance: \$ \_\_\_\_\_  
Other non-optional charges: \$ \_\_\_\_\_  
Owner-based rental assistance: \$ \_\_\_\_\_

Unit Meets Rent Restriction at:  
 30%    50%    60%    80%

\*Note: Maximum gross rent is the rental amount listed on the applicable Income & Rent Limits Chart issued by the MHC and effective for this certification period.

**PART VII. STUDENT STATUS**

ARE **ALL** OCCUPANTS FULL TIME STUDENTS?  
 Yes    No

If yes, Enter student explanation\*  
(also attach documentation)

- \*Student Explanation:
- TANF assistance
  - Job Training Program
  - Single parent/dependent child
  - Married/joint return
  - Former Foster Care participant

**PART VIII. CERTIFICATION NOTES/COMMENTS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE OF OWNER/REPRESENTATIVE**

Based on the representations herein and upon the proofs and documentation required to be submitted, the individual(s) named in Part II of this Tenant Income Certification is/are eligible under the provisions of Section 42 of the Internal Revenue Code, as amended, and the Land Use Restriction Agreement (if applicable), to live in a unit in this Development.

\_\_\_\_\_  
SIGNATURE OF OWNER/REPRESENTATIVE

\_\_\_\_\_  
DATE

## INSTRUCTIONS FOR COMPLETING TENANT INCOME CERTIFICATION

*This form is to be completed by the owner or an authorized representative.*

### Part I - Development Data

Check the appropriate box for Initial Certification (move-in), Recertification (annual recertification), or Other. If Other, designate the purpose of the recertification (i.e., a unit transfer, a change in household composition, or other state-required recertification).

- Move-in Date Enter the date the tenant has or will take occupancy of the unit.
- Effective Date Enter the effective date of the certification. For move-in, this should be the move-in date. For annual recertification, this effective date should be no later than one year from the effective date of the previous (re)certification.
- Development Name Enter the name of the development.
- County Enter the county (or equivalent) in which the building is located.
- BIN # Enter the Building Identification Number (BIN) assigned to the building (from IRS Form 8609).
- Address Enter the address of the building.
- Unit Number Enter the unit number.
- # Bedrooms Enter the number of bedrooms in the unit.

### Part II - Household Composition

List all occupants of the unit. State each household member's relationship to the head of household by using one of the following coded definitions:

- |   |   |                   |   |   |                            |
|---|---|-------------------|---|---|----------------------------|
| H | - | Head of Household | S | - | Spouse                     |
| A | - | Adult co-tenant   | O | - | Other family member        |
| C | - | Child             | F | - | Foster child(ren)/adult(s) |
| L | - | Live-in caretaker | N | - | None of the above          |

Enter the date of birth, age, student status, and social security number or alien registration number for each occupant.

Total No. of Household members: Total up the number of household members listed above. This is the total number of occupants in the unit. This number should also match the applicable lease agreement.

*If there are more than 6 occupants, use an additional sheet of paper to list the remaining household members and attach it to the certification.*

### Part III - Annual Income

**See HUD Handbook 4350.3 for complete instructions on verifying and calculating income, including acceptable forms of verification.**

From the third party verification forms obtained from each income source, enter the gross amount anticipated to be received for the twelve months from the effective date of the (re)certification. Complete a separate line for each income-earning member. List the respective household member number from Part II.

- Column (A) Enter the annual amount of wages, salaries, tips, commissions, bonuses, and other income from employment; distributed profits and/or net income from a business.

- Column (B) Enter the annual amount of Social Security, Supplemental Security Income, pensions, military retirement, etc.
- Column (C) Enter the annual amount of income received from public assistance (i.e., TANF, general assistance, disability, etc.).
- Column (D) Enter the annual amount of alimony, child support, unemployment benefits, or any other income regularly received by the household.
- Row (E) Add the totals from columns (A) through (D), above. Enter this amount.

#### Part IV - Income from Assets

See HUD Handbook 4350.3 for complete instructions on verifying and calculating income from assets, including acceptable forms of verification.

From the third party verification forms obtained from each asset source, list the gross amount anticipated to be received during the twelve months from the effective date of the certification. List the respective household member number from Part II and complete a separate line for each member.

- Column (F) List the type of asset (i.e., checking account, savings account, etc.)
- Column (G) Enter C (for current, if the family currently owns or holds the asset), or I (for imputed, if the family has disposed of the asset for less than fair market value within two years of the effective date of (re)certification).
- Column (H) Enter the cash value of the respective asset.
- Column (I) Enter the anticipated annual income from the asset (i.e., savings account balance multiplied by the annual interest rate).
- TOTALS Add the total of Column (H) and Column (I), respectively.

If the total in Column (H) is greater than \$5,000, you must do an imputed calculation of asset income. Enter the Total Cash Value, multiply by 0.60% and enter the amount in (J), Imputed Income.

- Row (K) Enter the greater of the total in Column (I) or (J)
- Row (L) Total Annual Household Income From all Sources Add (E) and (K) and enter the total

#### HOUSEHOLD CERTIFICATION AND SIGNATURES

After all verifications of income and/or assets have been received and calculated, each adult household member, including emancipated minors, must sign and date the Tenant Income Certification. For move-in, it is recommended that the Tenant Income Certification be signed no earlier than 5 days prior to the effective date of the certification, and NO LATER than the effective date of the TIC.

#### Part V – Determination of Income Eligibility

- Total Annual Household Income from all Sources Enter the number from item (L).
- Current Income Limit per Family Size Enter the Current Move-in Income Limit for the household size.
- Household income at move-in Household size at move-in For recertifications, only. Enter the household income from the move-in certification. On the adjacent line, enter the number of household members from the move-in certification.
- Household Meets Income Check the appropriate box for the income restriction that the household meets



Restriction according to what is required by the set-aside(s) for the project.

Current Income Limit x 140% For recertifications only. Multiply the Current Maximum Move-in Income Limit by 140% and enter the total. Below, indicate whether the household income exceeds that total. If the Gross Annual Income at recertification is greater than 140% of the current income limit, then the available unit rule must be followed.

**Part VI – Rent**

Tenant Paid Rent Enter the amount the tenant pays toward rent (not including rent assistance payments such as Section 8 and FmHA).

Rent Assistance Enter the amount of rent assistance, if any. If no rental assistance is given, insert “0”.

Utility Allowance Enter the utility allowance. If the owner pays all utilities, enter zero.

Other non-optional charges Enter the amount of non-optional charges, such as mandatory garage rent, storage lockers, charges for services provided by the development, etc.

Owner-based rental assistance Enter the amount of rent assistance that is provided by the owner, if any. If owner-based rental assistance is given, insert “0”.

Gross Rent for Unit Enter the total of Tenant Paid Rent plus Utility Allowance, and other non-optional charges.

Maximum Rent Limit for this unit Enter the maximum allowable gross rent for the unit.

Unit Meets Rent Restriction at Check the appropriate rent restriction that the unit meets according to what is required by the set-aside(s) for the project.

**Part VII - Student Status**

If all household members are full time\* students, check “yes”. If at least one household member is not a full time student, check “no”. If “yes” is checked, the appropriate exemption must be listed in the box to the right. If none of the exemptions apply, the household is ineligible to rent the unit.

*\*Full time is determined by the school the student attends.*

**Part VIII – Certification Notes and Comments**

Insert any notes and/or comments that are pertinent to the household’s eligibility.

**SIGNATURE OF OWNER/REPRESENTATIVE**

It is the responsibility of the owner or the owner’s representative to sign and date this document immediately following execution by the resident(s). At move-in, it is recommended that the TIC be signed by the owner/manager no earlier than 5 days prior to the effective date of the certification. No signatures should be acquired after the effective date of the certification.

The responsibility of documenting and determining eligibility (including completing and signing the Tenant Income Certification form) and ensuring such documentation is kept in the tenant file is extremely important and should be conducted by someone well trained in tax credit compliance.

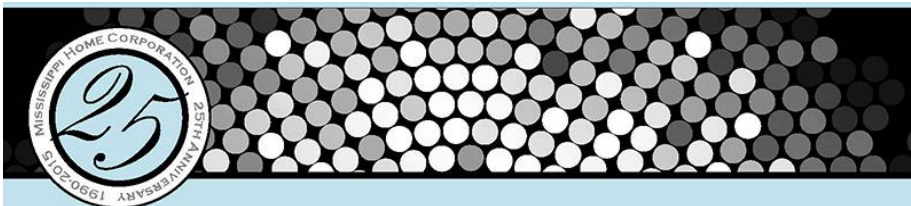
*These instructions should not be considered a complete guide on tax credit compliance. The responsibility for compliance with federal program regulations lies with the owner of the building(s) for which the credit is allowable.*

# MISSISSIPPI HOME CORPORATION COMPLIANCE PLANNER

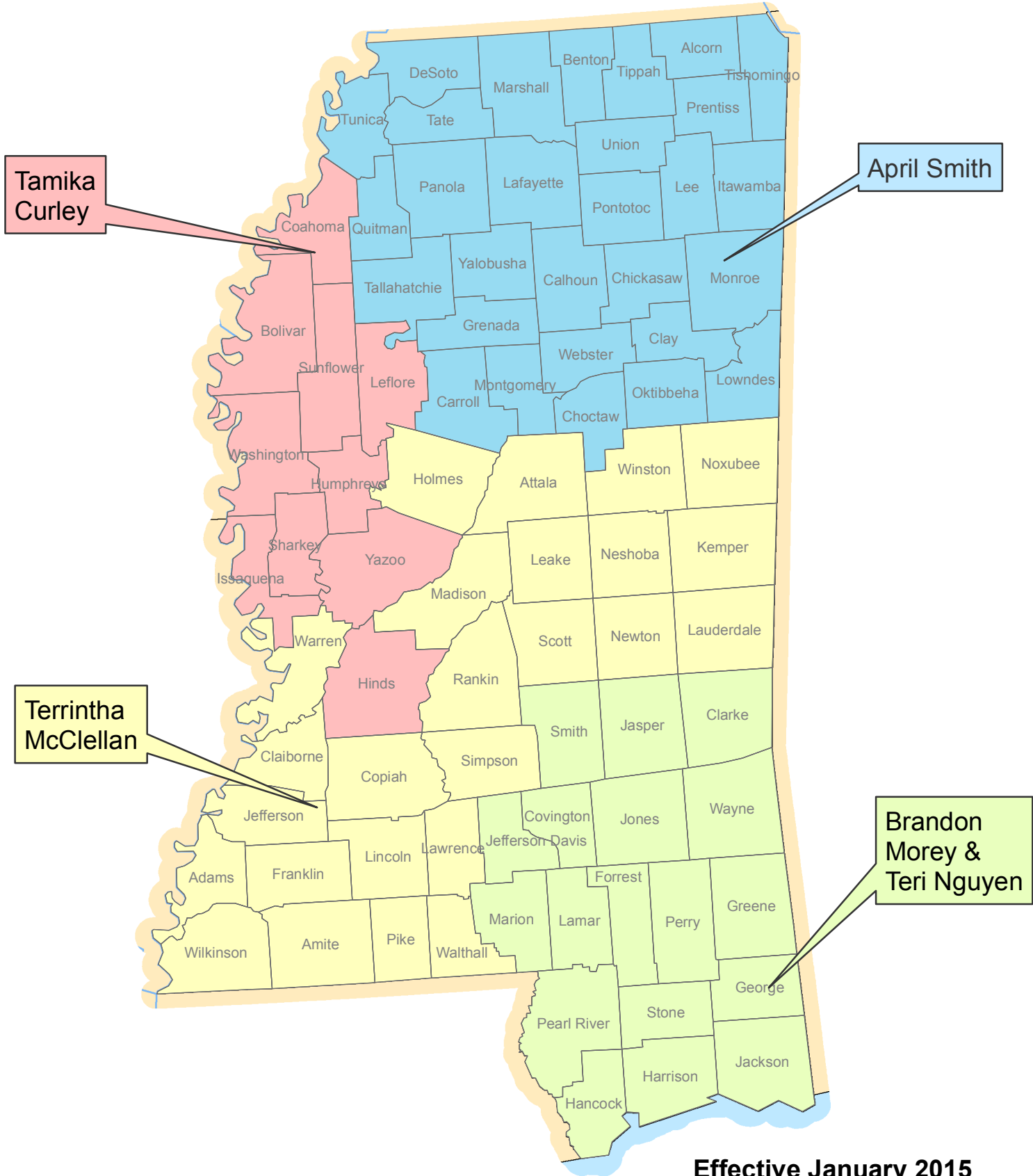
EVENT	DATE
Annual Owner Certification Report Requirement Workshop	01.29
Fourth Quarter Occupancy Reports Due	02.02
MHC's Annual Housing Conference	02.23- 02.25
HTC Fundamentals 101 (Pearl, MS)	04.08-04.09
First Quarter Occupancy Report Due	04.15
SAHMA State Meeting (Jackson, MS)	04.21- 04.23
Annual Owner Certification (AOC) Report Due	04.30
Spring/Summer Newsletter Distributed	05.29
NCSHA Annual Housing Conference (Los Angeles, CA)	06.01-06.04
Development Financial Analysis Report Requirement Class	06.25
Second Quarter Occupancy Report Due	07.15
HTC Fundamentals 101 (Gulfport, MS)	08.12- 08.13
Development Financial Analysis Report Due	08.31
Third Quarter Occupancy Report Due	10.15
HTC Fundamentals 101 (Senatobia, MS)	10.28-10.29
HTC Fundamentals 102	11.02
Fall/Winter Newsletter Distributed	12.11
<i>Note: Dates subject to change.</i>	

# 2015

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# Mississippi Home Corporation Housing Tax Credit Monitoring Staff Tenant File Audits



**Effective January 2015**