MISSISSIPPI HOME CORPORATION

PROGRAM BULLETIN NUMBER #: 16-2001

TO: Developers, Owners and Management Agents representing an Owner's interest in a Housing Tax Credit Development located in the state of Mississippi

FROM: Robert D. Collier, Senior Vice President of Program Compliance RDC

DATE: January 20, 2016

SUBJECT: **Annual Owner's Certification Report**
Covering Period: January 1 – December 31, 2015

As mandated by Federal Statute 26 CFR 1.42-5 Section (c)(1), an owner *of a housing tax credit (HTC) development*:

> *... is required to certify annually to the Agency that, for the preceding 12 month period, the development met the provisions of the tax credit program.*

Thus, in compliance with the same, enclosed is the Annual Owner's Certification (AOC) Report package to be completed by all owners of developments that received an award of HTCs from the Mississippi Home Corporation (MHC), excluding developments that have not received IRS form 8609 AND has not met its targeted applicable fraction as of 12/31 of the reporting period. Completed reports, along with supporting attachments, where applicable, must be received by MHC *on or before* **5:00 p.m., May 2, 2016** detailing all compliance activity conducted during the 2015 calendar year (Jan. 1 - Dec. 31, 2015).

The AOC Report consists of four parts: *Owner's Certification of Continuing Program Compliance Report, Supplemental Certification of the HTC Report, Occupancy Report, and the Tax Forms.* Two components of the AOC Report, the Owner's Certification of Continuing Program Compliance Report (OCCPC) and the Occupancy Report, must be submitted ELECTRONICALLY to MHC utilizing the Applied Oriented Design/Certification On-Line (AOD/COL) system. All other report components and support documentation, along with a signed and notarized copy of the OCCPC Report, must be received by MHC in hard copy format ***on or before the deadline date*** noted herein.

Electronic submissions are now being accepted for all authorized AOD/COL users. If AOD/COL access is needed for a development, please contact Brandon Morey at 601.718.4649 or brandon.morey@mshc.com immediately. AOD/COL access requests received by MHC after March 18, 2016 will not be granted and a fee of $40.00, per unit, will be assessed to cover the manual processing of the Occupancy Report.

Failure to submit the referenced reports by the noted deadline date or in the manner required and/or submitting an incomplete report will result in the assessment of noncompliance fees AND will be reported to the Internal Revenue Service (IRS) for noncompliance, pursuant to Internal Revenue Code, Section 42(L).

An owner/management agent of a development that underwent foreclosure or an instrument in lieu of foreclosure is also required to complete an AOC Report in accordance with Federal Statute 26 CFR 1.42-5 Section (c)(1). However, there is a special report applicable to foreclosed developments only. To obtain a copy of this report, contact the Compliance Monitoring Division.

Should you have any questions upon your review of the attached information, please contact the Compliance Monitoring Division at 601.718.4642.

Enclosures:
- AOC Report
- AOC Report Processing Guidelines
- COL Quick Reference Guide
- EUP Development Listing

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Mississippi Home Corporation
Housing Tax Credit (HTC)
Annual Owner Certification (AOC) Report CHECKLIST
(To be used as an aide in completing the AOC Report)

NOTE: An AOC Report is required of all active HTC developments, excluding developments that have NOT received IRS form 8609 AND have NOT met its targeted applicable fraction as of 12/31 of the reporting period.

CERTIFICATION PERIOD: ***01/01/20*** ______ ***to*** ***12/31/20*** ______

Development Name: ______________________________

Development No.: ______________________________

In compliance with Federal Statute 26 CFR 1.42-5 Section (c)(1), the Mississippi Home Corporation requires an owner's submission of the following documents *on or before April 30th* for the previous calendar year.

REPORT COMPONENTS*:*
Please check the document type attached with this submission and the method of the AOC submission.

Method of Submission

Document Type ***(check all attached documents)*:** **COL** **Manual***

Annual Owner Certification Report Checklist ☐

Payment Processing form, *if applicable* ☐

PART A: Owner's Certification of Continuing Program Compliance *(signed & notarized by owner)* ☐ ______ *(Date)* **AND** ☐

Support Documentation, where applicable
- ☐ *Fair Housing Discrimination Adverse Judgment documentation* ☐
- ☐ *State/Local Building Code Inspection Report* ☐
- ☐ *Non-Profit Addendum* ☐
- ☐ *Other* ______________________ ☐

PART B: Supplemental Certification of HTC Compliance *(signed & notarized by owner)* ☐

Support Documentation, where applicable
- ☐ *Notice of Physical Damage* ☐

PART C: Occupancy (Rent Roll) Report *(per building)* ☐ ______ *(Date)* **OR** ☐

- ☐ *Copies of TICs and Demographic Profile forms* ***(for manual submissions only!)*** ☐
- ☐ *Utility Allowance Support Documentation* ☐
- ☐ *Corrective Action for 'owner-corrected' noncompliance violation, if applicable* ☐

Part D: Tax Forms **(For developments receiving 8609s in the certification year ONLY)**

- ☐ *IRS Form 8609 LIHC Allocation and Certification* ☐
- ☐ *Multiple Building Project Listing, if applicable* ☐

**Processing fees apply to AOC Reports completed entirely using the manual submission method*

______________________________ ______________________________
Preparer Signature *Date*

Forward completed report to:
Mississippi Home Corporation; 735 Riverside Drive, Jackson, MS 39202

Remember to retain a copy of your AOC Report submission for your records!

Mississippi Home Corporation

Compliance Monitoring

Payment Processing Form

COMPLETE THIS FORM AND SUBMIT IT WITH YOUR PAYMENT

(*If a single check/money order is submitted in satisfaction of several developments/invoices, complete one form for each development. Indicate amount paid per development. Mark the split payment box, where applicable.)*

DEVELOPMENT INFORMATION:

Development Name: ______________________

Development Number: ______________________

Submitted by: ______________________

E-mail: ______________ Phone: ______________

METHOD OF PAYMENT:

	Reference No.	*Invoice No.*	*Split Payment*	*Project No.*
☐ *Check:*	______	______	☐	______
☐ *Money Order:*	______	______	☐	______
☐ *Other:*	______	______	☐	______

FEE:

Fee Type	Description	Rate	Qty	Total
☐ Annual Administrative	Administrative fee during extended use period *(Yr. 16 & beyond)*	$20/LI Unit*		
☐ Occupancy Report Processing	Manual Processing fee of submitted documents (Occupancy Report)	$40/LI Unit		
☐ Late Submission	Fee for late submission of requested paperwork	$100/day late		
		GRAND TOTAL:		$

**RHS only $10/unit*

Remit Payment(s) to:

Mississippi Home Corporation
Compliance Monitoring Division
735 Riverside Drive
Jackson MS 39202

*****For MHC Internal Use Only*****

Date payment received: ______________ ☐ Late *No. of days:*

Billed Amount: $ ______

Invoice Balance: $ ______

Processing Staff: ______________

[Image of Payment]

PART A: Housing Tax Credit

OWNER'S CERTIFICATION OF CONTINUING PROGRAM COMPLIANCE

To: *Mississippi Home Corporation, 735 Riverside Drive, Jackson, MS 39202*

NOTE: An AOC Report is required of all active HTC developments excluding developments that have not received IRS form 8609 AND have not met their targeted applicable fraction as of 12/31 of the reporting period. A development that met its targeted applicable fraction during the reporting period; yet, did NOT have an IRS form(s) 8609 issued by MHC must submit a complete AOC Report.

Part I – Development Data

Certification Period:	From: January 1, 20__		To: December 31, 20__	
Development Name:		Dev. No: MS		
Development Address:			City:	Zip:
Tax ID # of Ownership Entity:				

Part II – Current Development Status

☐ No building (s) have/has been Placed in Service
☐ At least one building has been placed in service but owner elects to begin credit period in the following year
If either of the above applies, please check the appropriate box and proceed to page 2 to sign and date this form.

The undersigned ____ on behalf of

______________________________________ (the "Owner"), hereby certifies that:

1. The project meets the minimum requirements of: (check one)

   ☐ 20 - 50 test under Section 42(g)(1)(A) of the Code
   ☐ 40 - 60 test under Section 42(g)(1)(B) of the Code
   ☐ 15 - 40 test for "deep rent-skewed" projects under Section 42(g)(4) and 142(d)(4)(B) of the Code

2. There has been **no change in the applicable fraction** (as defined in Section 42(c)(1)(B) of the Code) for any building in the project:
   ☐ NO CHANGE ☐ CHANGE *(List the applicable fraction to be reported to the IRS for each affected building on page 3)*

3. The owner has received an annual Tenant Income Certification from each low-income resident and documentation to support that certification, or the owner has a re-certification waiver letter from the IRS in good standing, has received an annual Tenant Income Certification from each low-income resident, and documentation to support the certification at their initial occupancy.
   ☐ YES ☐ NO

4. Each low-income unit in the project has been rent-restricted under Section 42(g)(2) of the Code:
   ☐ YES ☐ NO

5. All low-income units in the project are and have been for use by the general public and used on a non-transient basis (except for transitional housing for the homeless provided under Section 42 (i)(3)(B)(iii) of the Code):
   ☐ YES ☐ NO ☐ HOMELESS

6. No finding of discrimination under the Fair Housing Act, 42 U.S.C 3601-3619, has occurred for this project. A finding of discrimination includes an adverse final decision by the Secretary of Housing and Urban Development (HUD), 24 CFR 180.680, an adverse final decision by a substantially equivalent state or local fair housing agency, 42 U.S.C 3616a(a)(1), or an adverse judgment from a federal court:
   ☐ NO FINDING ☐ FINDING

7. Each building in the project is and has been suitable for occupancy, taking into account local health, safety, and building codes (or other habitability standards), and the state or local government unit responsible for making building code inspections did not issue a report of a violation for any building or low income unit in the project:
   ☐ YES ☐ NO
   If "No", state nature of violation on page 3 and attach a copy of the violation report as required by 26 CFR 1.42-5 and any documentation of correction.

8. There has been **no change in the eligible basis** (as defined in Section 42(d) of the Code) of any building in the project since last certification submission:
   ☐ NO CHANGE ☐ CHANGE
   If "Change", state nature of change (e.g., a common area has become commercial space, a fee is now charged for a tenant facility formerly provided without charge, or the project owner has received federal subsidies with respect to the project which had not been disclosed to the allocating authority in writing) on page 3.

9. All tenant facilities included in the eligible basis under Section 42(d) of the Code of any building in the project, such as swimming pools, other recreational facilities, parking areas, washer/dryer hookups, and appliances were provided on a comparable basis without charge to all tenants in the buildings:
   ☐ YES ☐ NO

10. If a low-income unit in the project has been vacant during the year, reasonable attempts were or are being made to rent that unit or the next available unit of comparable or smaller size to tenants having a qualifying income before any units were or will be rented to tenants not having a qualifying income:
    ☐ YES ☐ NO

Development Name: ____________________
Development Number: MS ____________________

11. If the income of tenants of a low-income unit in any building increased above the limit allowed in Section 42(g)(2)(D)(ii) of the Code, the next available unit of comparable or smaller size in that building was or will be rented to residents having a qualifying income:

☐ YES ☐ NO

12. An extended low-income housing commitment as described in section 42(h)(6) was in effect, including the requirement under section 42(h)(6)(B)(iv) that an owner cannot refuse to lease a unit in the project to an applicant because the applicant holds a voucher or certificate of eligibility under Section 8 of the United States Housing Act of 1937, 42 U.S.C. 1437s. Owner has not refused to lease a unit to an applicant based solely on their status as a holder of a Section 8 voucher and the project otherwise meets the provisions, including any special provisions, as outlined in the extended low-income housing commitment *(not applicable to buildings with tax credits from years 1987-1989)*:

☐ YES ☐ NO ☐ N/A

13. The owner received its credit allocation from the portion of the state ceiling set-aside for a project involving "qualified non-profit organizations" under Section 42(h)(5) of the code and its non-profit entity materially participated in the operation of the development within the meaning of Section 469(h) of the Code.

☐ YES ☐ NO ☐ N/A

If "Yes" or "No", complete and attach the Non-Profit Addendum to Owner's Certificate of Continuing Program Compliance.

14. The owner has complied with Section 42(h)(6)(E)(ii)(I) and not evicted or terminated the tenancy of an existing tenant of any low-income unit other than for good cause *(only applicable if development went through foreclosure or if no buyer through the qualified contract process was willing to maintain low-income status).*

☐ YES ☐ NO ☐ N/A

15. The owner has complied with Section 42(h)(6)(E)(ii)(II) and has not increased the gross rent above the maximum allowed under Section 42 with respect to any low-income unit *(only applicable if development went through foreclosure or if no buyer through the qualified contract process was willing to maintain low-income status).*

☐ YES ☐ NO ☐ N/A

16. There has been no change in the ownership or management of the project:

☐ NO CHANGE ☐ CHANGE *(Detail change on page 3)*

Note: Failure to complete this form in its entirety will result in noncompliance with program requirements. In addition, any individual other than an owner or general partner of the project is not permitted to sign this form, unless permitted by the state agency.

The project is otherwise in compliance with the Code, including any Treasury Regulations, the applicable MS Qualified Allocation Plan, and all other applicable laws, rules and regulations. This Certification and any attachments are made UNDER PENALTY OF PERJURY.

____
Signature of Ownership Entity

By: ____________________

Title: ____________________

Date: ____________________

STATE OF ____________________

COUNTY OF ____________________

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that

____________________, whose names(s)____________________

signed to the foregoing instrument, and who (is) (are) known to me, acknowledged before me on this date that,

being informed of the contents of this document, (he) (she) (they) executed the same voluntarily on the day the

same bears date.

Given under my hand and official seal this ____________ day of ____________________, 20____.

(Seal)

____
Notary Public

My Commission Expires:____________________

Development Name: ______________________
Development Number: MS ______________________

A. PLEASE EXPLAIN ANY ITEMS THAT WERE ANSWERED "NO", "CHANGE" OR "FINDING" ON QUESTIONS 1-16 AND ATTACH SUPPORT DOCUMENTATION, WHERE APPLICABLE.

Question #	Explanation

B. CHANGES IN OWNERSHIP OR MANAGEMENT (to be completed ONLY if "CHANGE" marked for question 16 above)

1. TRANSFER OF OWNERSHIP

Date of Change:	
Taxpayer ID Number:	
Legal Owner Name:	
General Partnership:	
Status of Partnership (LLC, etc):	

2. CHANGE IN OWNER CONTACT

Date of Change:	
Owner Contact:	
Owner Contact Phone:	
Owner Contact Fax:	
Owner Contact Email:	

3. CHANGE IN MANAGEMENT CONTACT

Date of Change:	
Management Co. Name:	
Management Address:	
Management City, State, Zip:	
Management Contact:	
Management Contact Phone:	
Management Contact Fax:	
Management Contact Email:	

PART A:

Housing Tax Credit (HTC)

NON-PROFIT ADDENDUM TO OWNER'S CERTIFICATION OF CONTINUING PROGRAM COMPLIANCE

This form is to be completed if the site listed below received its credit allocation from the portion of the state ceiling set-aside for projects involving "qualified non-profit organizations" under Section 42(h)(5) of the Code.

Certification Period:	**From:** January 1, 20___	**To:** December 31, 20___	
Development Name:		Development No. MS	
Development Address:		City:	Zip:
Tax ID# of Ownership Entity:			

IRC 42(h)(5) requires that each state set aside at least 10% of its state housing credit ceiling for allocations to projects in which qualified nonprofit organizations own an interest and materially participate in the development and operation of the projects. "Qualified nonprofit organization" is defined as an IRC 501(c)(3) or 501(c)(4) organization exempt from tax under IRC 501(a) that is determined by the state agency as not being affiliated with or controlled by a for-profit organization, and one of the exempt purposes of the organization includes the fostering of low-income housing.

For purposes of this allocation, a nonprofit organization must have an ownership interest in the low-income housing project throughout the compliance period and materially participate in the development and operation of the project.

Nonprofit Organization Name: ____

Address: ____

City: ____________________________________ State: ____________________ Zip: _____________

Tax ID#: ____ Phone #: _____________________________

Contact Person: _________________________________ Email Address: ________________________

The undersigned hereby certifies that the responses to the following questions are true and accurate. The statements are made under the penalty of perjury.

1. Does the aforementioned nonprofit organization have at least fifty-one percent (51%) ownership in the project?
☐ YES ☐ NO

2. Did the nonprofit organization maintained its 501(c)3 status during the certification period?
☐ YES ☐ NO

3. Did the nonprofit organization participate in the day-to-day operations of the project?
☐ YES ☐ NO

4. Did the nonprofit organization aid in the management decision-making of the project?
☐ YES ☐ NO

5. Did the nonprofit organization provide services to the project?
☐ YES ☐ NO

6. How often does the nonprofit organization have an on-site presence at this project? __________________________

7. Is the nonprofit organization affiliated with or controlled by any for-profit organization?
☐ YES ☐ NO

8. Please describe any other participation not indicated by questions #3 through #6. ___________________________
____
____
____

_____________________________________ _____________________

Authorized Nonprofit Rep Signature Date

____

Authorized Nonprofit Rep Name Printed

PART B:
Housing Tax Credit (HTC)
SUPPLEMENTAL CERTIFICATION OF HTC COMPLIANCE REPORT

Certification Period: ***From:*** January 1, 20__ ***To:*** December 31, 20__
Development Name: ______________________________ Development Number: MS-______________________________

I, ______________________________, the owner/ agent of the referenced development, hereby certify to the Mississippi Home Corporation that I have maintained the following special provisions relative to the requirements and obligations as outlined in Section 42 of the IRC, applicable Qualified Allocation Plan, governing Land Use Restriction Agreement and final HTC application:

Part I: Targeted Population	**Yes**	**No***	**N/A**
1. Occupancy and rents have been further restricted **beyond the federal minimum set aside** and each household in the set aside has been qualified at a deeper income threshold than the federal minimum set aside (i.e. 30% or 50% of the AMGI).	☐	☐	☐
2. The required percentage of households has been qualified at or above 61% of the AMGI as outlined for mixed-income developments in accordance with the governing QAP.	☐	☐	☐
3. a. One hundred percent (100%) of the development's units have been set aside for the elderly population that meet the requirements as defined by Rural Development or the Department of Housing and Urban Development (HUD) for elderly housing and accessibility for handicapped persons.	☐	☐	☐
b. Policies, procedures, facilities and services have been provided and/or maintained to meet the physical or social needs of older persons or for persons meeting the Rural Development or Department of Housing and Urban Development's definitions of elderly as outlined in the governing QAP.	☐	☐	☐
4. The required minimum number of units have been set aside and qualified for special-needs population (i.e. veterans or persons with disability).	☐	☐	☐
Part II: Development Characteristics			
5. Tenant-based rental assistance (i.e. Section 8 certificate/vouchers) has been accepted as outlined by the final HTC application.	☐	☐	☐
6. Community services have been provided and evidence of such (e.g. service log book or activity reports) has been maintained as agreed upon in the development's final HTC application.	☐	☐	☐
7. Significant amenities (i.e. business center, fitness center, etc.) have been provided and maintained as agreed upon in the development's final HTC application.	☐	☐	☐
8. The development has been maintained as a qualified single-family lease purchase project, including providing a lease purchase orientation manual, sample lease-purchase agreement, and/or homebuyer training, where applicable.	☐	☐	☐
9. The development has <u>**not**</u> sustained physical damages during the certification year which placed the affected buildings/units out of service for a period of at least 30 days. (If no, attach a completed Notice of Physical Damage.)	☐	☐	
10. Development-based rental assistance (DBRA) has been provided to at least fifty-one percent (51%) of the development's units. (Developments where DBRA is provided by the owner or public housing authority should complete the chart below illustrating the rental assistance provided throughout the certification period.)	☐	☐	☐

Owner's Rental Assistance/Public Housing Authority Assistance Activity Log**

Month	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**June**	**Jul**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**
# of Assisted Units												
Total amount of Credits provided	$	$	$	$	$	$	$	$	$	$	$	$

First Subsidy Payment Date: ____________________ **Total Amount of Credits/Assistance Provided:** ______________________

***NOTE:** For any questions marked "No", please provide an explanation on page two (2) and attach support documentation, if applicable.
****NOTE 2:** Log should only be used for development-based rental assistance provided through a public housing authority or owner. It should not include tenant-based rental vouchers, project-based Section 8 rental assistance or project-based RD rental assistance.

Part III: Owner's Statement

I, the undersigned, as owner of the HTC development noted herein hereby certify under penalty of perjury that the information contained on this certification, including any attachments hereto, is true, correct and complete to the best of my knowledge.

____
Signature of Ownership Entity

Printed Name: ___________________________________

Title: ___________________________________

Date: ___________________________________

STATE OF ______________________________

COUNTY OF ____________________________

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that _____________________whose names(s) _________________________ signed to the foregoing instrument, and who (is) (are) known to me, acknowledged before me on this date that, being informed of the contents of this document, (he) (she) (they) executed the same voluntarily on the day the same bears date.

Given under my hand and official seal this _____________ day of _________________________, 20____.

(Seal)

____
Notary Public

My Commission Expires:__________________________

PLEASE EXPLAIN ANY ITEM(S) THAT WERE ANSWERED "NO" ON QUESTIONS 1-10 AND ATTACH SUPPORT DOCUMENTATION WHERE NEEDED.

Question #	Explanation

MISSISSIPPI HOME CORPORATION

Notice of Physical Damage

This form should be utilized to report to MHC physical damage sustained by the development at the time of occurrence.

Development Identification Number: MS- ____________________________________

Development Name: ____

Address: ____

____

____________________________________, Mississippi ____________________

1. Date physical damage occurred: ____
2. Briefly describe the cause of damages: ____

   ____

   ____

   ____

3. Please list the building identification number of building(s) affected and the unit number(s) affected:____

   ____

4. Please indicate the number of households displaced: _____________________________________
5. Briefly describe the extent of the damages: ____

   ____

   ____

   ____

   ____

   Estimated cost of repairs*: ____

6. Estimated date of completion of repairs: ____

***Please submit a copy of the insurance estimates to the Mississippi Home Corporation, Compliance Division, 735 Riverside Drive, Jackson, MS 39202.**

______________________________	______________________________
(Signature)	*(Date)*
______________________________	______________________________
(Printed Name)	*(Title)*

PART C

Housing Tax Credit (HTC)

ANNUAL OCCUPANCY (Rent Roll) REPORT

REPORT COVERING PERIOD: January 1, 20 ____ *to* December 31, 20 ____

(***NOTE*** : *Read instructions on next page before completing this form.)*

Project Number: ____________________

Project Name: ____________________

Blding Address: ____________________

City/State/Zip: ____________________

Bldg ID Number: MS-____________________

Total No. Units in Bldg: ____________________

Student Explanation
1 TANF Assistance
2 Job Training Program
3 Single Parent/dependent Child
4 Married/joint return
5 Previous Foster care

NOTE: *Complete a* ***SEPARATE FORM*** *for each building in the development. Monthly figures MUST be used for rental and utility allowance amounts. Annual figures MUST be used to report gross anticipated household income. For every household, attach* ***copies*** *of the first page of each Tenant Income Certification (TIC) completed during the certification period and the Demographic Profile Reporting form, or comparable form.*

(a) Unit Number	(b) No. Bdrms	(c) No. in Hsehld	(d) Move-in Date *(mm/dd/yy)*	(e) Move-out Date *(mm/dd/yy)*	(f) HOH Date of Birth	(g) Head of Hsehld Full Name	(h) Date of Last Certification *(mm/dd/yy)*	(i) Rent Change Date	(j) Initial Certification for Hsehold *Y/N*	(k) Gross Annual Income	(l) Monthly Tenant Paid Rent	(m) Mandatory Charges	(n) Rental Subsidy Amount	(o) Utility Allowance	(p) Non-qual F/T Student Hsehld? *(Y /N)*	(q) Qualifying Student Expln Code	(r) Unit Transfer *(Y/N)*	(s) Unit Transfer No.

Housing Tax Credit (HTC)

INSTRUCTIONS FOR COMPLETING THE ANNUAL OCCUPANCY (RENT ROLL) REPORT

A separate rent roll report should be completed for each building in the development.

*****To be completed by developments without AOC/COL access only*****

HEADING INFO	**Report Covering Period**	Indicate the period in time in which this report covers (i.e. January 1, 2008 thru December 31, 2008).
	Project Number	Indicate the project number assigned by Mississippi Home Corporation (i.e., MS 09-999).
	Project Name	Indicate the Project name as identified on IRS form 8609, Part 1-A. (Note as 'AKA' the new project name, if applicable.
	Building Address	Indicate the building address as identified on IRS form 8609, Part 1-A.
	Building Identification Number (BIN)	List the building identification number assigned to the project, and identified on IRS form Part 1-E.
	Total # of units in the building	Identify the total number of rental units in this building.
a	**Unit Number**	Identify the number assigned to the unit by the owner.
b	**No. of Bedrooms**	Identify the total number of separate bedrooms in the unit.
c	**No. in Household**	Identify the number of persons residing in the unit, including non-related household members
d	**Move-in Date**	THE DATE IN WHICH THE RESIDENT(S) MOVED INTO THE UNIT (not building). For residents who occupied the unit on the date the building was Placed in Service, the move in date is the date THE UNIT was certified as a LIHC unit.
e	**Move – Out Date**	The date the resident(s) vacated the unit, if applicable.
f	**Head of Household Date of Birth**	Input the date of birth of the head of household member.
g	**Head of Household**	List the person identified as head of household on the Tenant Certification (TIC) form (Last, First).
h	**Date of last certification**	The date on which the income of the household was examined or reexamined for eligibility purposes
i	**Rent Change Date**	Indicate the date of the last rental change here. Only insert a date if it is a date other than the scheduled certification/recertification date.
j	**Initial Certification for household**	Indicate by 'Y' for yes and 'N' for No if this is the initial certification for the household.
k	**Current Annual Gross Income**	The **GROSS** Annual household income anticipated/projected for the 12 months following the date of the Annual Certification/Recertification.
l	**Tenant Paid Rent**	The tenant paid portion of the monthly rent amount identified on the lease as the date the income was certified. THIS DOES NOT INCLUDE THE AMOUNT OF SUBSIDY PAID by Section 8 or RHS.
m	**Mandatory Charges**	Identify the total amount of mandatory charges (i.e. charges for use of common space areas such as community room, garage, swimming pool, etc.) for the unit.
n	**Rental Subsidy Amount**	Identify the total amount of monthly rental subsidy received for the unit. This amount should not include the tenant paid portion of the rent.
o	**Utility Allowance**	Indicate the monthly amount of utilities for this unit that the owner DOES NOT pay. This is the amount that the resident would be responsible for monthly. Section 8 Utility Allowance Charts must be used for Section 8 Voucher or Certificate Holders, while RHS provided allowances must be used for RHS residents.
p	**Non-Qualifying F/T Student household**	Identify whether or not the household was determined a non-qualifying full-time student household. If the entire household is comprised of non-qualifying full-time students, insert "yes". If the ENTIRE household is not determined to be comprised of non-qualifying full-time students, then mark "no".
q	**Qualifying Student Explanation Code**	Identify the IRS exception in which the household qualifies. 1=TANF Assistance; 2= Job Training Program; 3= Single Parent/ dependent child; 4= Married filing a joint tax return; 5= Previously in foster care.
r	**Unit Transfer (Y/N)**	Identify whether or not this household is transferring to another unit.
s	**Unit Transfer Number**	Identify the unit number in which the listed household is transferring to. This number does not have to be in this building.

NOTE: For every household, attach copies of the first page of each Tenant Income Certification (TIC) completed during the certification period and the Demographic Profile Reporting form, or comparable form.

Mississippi Home Corporation
Housing Tax Credit (HTC)

Annual Owner Certification (AOC) Report Preparation Guidelines

AOC REPORT submission deadline: April 30th

Should the 30th fall on a weekend, the report will be due the next business day.

Forward completed report to:
Mississippi Home Corporation
Attn.: Compliance Division
735 Riverside Drive
Jackson, MS 39225-3369

Fax and/or email submissions are NOT acceptable.

WHO is required to submit the AOC Report?

An AOC Report is required of owners of ALL active HTC developments, excluding developments that have not received IRS form 8609 HTC Allocation and Certification from MHC AND have not met their targeted applicable fraction as of 12/31 of the reporting period. A development that met its targeted applicable fraction during the reporting period; yet, did NOT have an IRS form(s) 8609 issued by MHC must submit a complete AOC Report.

AOC REPORT COMPONENTS:

Part	Report Title	Support Documentation/Attachment, *where applicable*
A	Owner's Certification of Continuing Program Compliance*	☐ Fair Housing Discrimination Adverse Judgment documentation ☐ State/Local Building Code Inspection Report and corrective action documents ☐ Written documentation to support any explanations ☐ Non-Profit Addendum
B	Supplemental Certification of HTC Compliance	☐ Notice of Physical Damage ☐ Written documentation to support any explanations
C	Occupancy (Rent Roll) Report*	☐ Utility Allowance Support Documentation ☐ Corrective Action for 'owner-corrected' noncompliance violations ☐ Copies of TICs and Demographic Profile forms **(manual submissions only)**
D	Tax Forms *(For developments receiving 8609s in the certification year ONLY)*	☐ IRS Form 8609 LIHC Allocation and Certification ☐ Multiple Building Project Listing, if applicable

**Electronic submission is also required via AOD/COL @ www.mshcorp.com*

Access request received after the dated noted in the AOC program bulletin will not be granted until after the AOC Report review period.

FEES:

Administrative	**Administrative fee during extended use period** *(Applicable to development in year 16 & beyond of the HTC period)*	**$20/LI Unit**
Manual Processing	**Manual processing fee of submitted documents** *(i.e., Occupancy Report)*	**$40/LI Unit**
Late Submission	**Fee for late submission of requested paperwork**	**$100/day late**

☒ **Indicates a report component REQUIRED of all program participants**

AOC Report Terminology:

Abbrev.	Terminology
AOC:	Annual Owner Certification
COL:	Certification Online System
EUP:	Extended Use Period (year 16 & beyond)
HUD:	Department of Housing & Urban Development
IRS:	Internal Revenue Service
HTC:	Housing Tax Credit
MHC:	Mississippi Home Corporation
OCCPC:	Owner's Certification of Continuing Program Compliance
QAP:	Qualified Allocation Plan
RHS:	Rural Housing Services
UA:	Utility Allowance

☒ PART A: Owner's Certification of Continuing Program Compliance Report

PURPOSE?

An owner of a HTC development is required to submit the Owner's Certification of Continuing Program Compliance (OCCPC) Report in order to satisfy the IRS' requirement to annually certify to the state housing finance agency compliance with rules and regulations of the HTC program. *Treasury Reg. 1.42-5.*

PART A:
Housing Tax Credit
OWNER's CERTIFICATION OF CONTINUING PROGRAM COMPLIANCE

Deadline for submission is on or before 5:00 p.m., April 30th.

To: *MISSISSIPPI HOME CORPORATION; 735 Riverside Drive; Jackson, MS 39202*

NOTE: An AOC Report is required of all active HTC developments excluding developments that have not received IRS form 8609 AND have not met their targeted applicable fraction as of 12/31 of the reporting period. A development that met its targeted applicable fraction during the reporting period; yet, did NOT have an IRS form(s) 8609 issued by MHC must submit a complete AOC Report.

Part I – Development Data

Certification Period:	From: January 1, 20		To: December 31, 20	
Development Name:			Dev. No: MS	
Development Address:		City:		Zip:
Tax ID # of Ownership Entity:				

Part II – Current Development Status

☐ No building (s) have/has been Placed in Service
☐ At least one building has been placed in service but owner elects to begin credit period in the following year
If either of the above applies, please check the appropriate box and proceed to page 2 to sign and date this form.

The undersigned ______________________________ on behalf of

______________________________ (the "Owner"), hereby certifies that:

1. The project meets the minimum requirements of: (check one)

***** SUBMISSION REQUIRED via AOD/COL @ www.mshomecorp.com *****

Certification On Line

WHO is required to submit this report?

The OCCPC Report must be completed by ALL owners of a HTC development that has met is targeted applicable fraction regardless of whether IRS form 8609 has been issued.

HOW should this report be submitted?

The OCCPC Report must be submitted to MHC two ways: Electronically and Manually

- ***Electronic*** *Submission: By way of MHC's AOD/COL system @ www.mshomecorp.com, an owner is to certify to statements based on the events applicable to the certification period.*
  CAUTION: MHC must grant access to this online system.
- ***Manual*** *Submission: Once the report has been submitted electronically, a hard copy of the report (executed by the owner and notarized) must be forward to MHC for review.*

NOTE: For owners of development without online access or unable to transmit electronically, the OCCPC Report may be submitted manually. Forms needed to complete a manual report may be obtained from MHC's website at www.mshomecorp.com>For Property Managers>Compliance-HTC>HTC Compliance Forms& Resources>Annual Owner Certification forms.

WHAT are the possible components/required attachments associated with this report type?

- Fair Housing Discrimination Adverse Judgment documentation
- State or Local Building Code Inspection Report
- Non-Profit Addendum
- Written documentation to support any explanations (as printed on page 3 of 3)

Non-Profit Addendum to Owner's Certification of Continuing Program Compliance

PURPOSE?

To acquire a more detailed certification from owners of developments that received its credit allocation from the portion of the state ceiling set-aside for a project involving a "qualified non-profit organization" as defined by IRC 501(c)(3) or 501(c)(4).

PART A:
Housing Tax Credit (HTC)
NON-PROFIT ADDENDUM TO OWNER'S CERTIFICATION OF CONTINUING PROGRAM COMPLIANCE

This form is to be completed if the site listed below received its credit allocation from the portion of the state ceiling set-aside for projects involving "qualified non-profit organizations" under Section 42(h)(5) of the Code.

Certification Period:	**From:** January 1, 20___	**To:** December 31, 20___	
Development Name:		**Development No.** MS	
Development Address:		**City:**	**Zip:**
Tax ID# of Ownership Entity:			

IRC 42(h)(5) requires that each state set aside at least 10% of its state housing credit ceiling for allocations to projects in which qualified nonprofit organizations own an interest and materially participate in the development and operation of the projects. "Qualified nonprofit organization" is defined as an IRC 501(c)(3) or 501(c)(4) organization exempt from tax under IRC 501(a) that is determined by the state agency as not being affiliated with or controlled by a for-profit organization, and one of the exempt purposes of the organization includes the fostering of low-income housing.

For purposes of this allocation, a nonprofit organization must have an ownership interest in the low-income housing project throughout the compliance period and materially participate in the development and operation of the project.

Nonprofit Organization Name: ______________________________

Address: ______________________________

City: ____________________ State: ______________ Zip: __________

Tax ID#: ____________________ Phone #: ______________

Contact Person: ____________________ Email Address: ______________

WHO is required to submit this attachment?

The Non-Profit Addendum to Owner's Certification of Continuing Program Compliance must be completed by ALL owners of a HTC development that received its credit allocation from the portion of the state ceiling set-aside for a project involving "qualified non-profit organizations." If question number 13 of the OCCPC is answered either "YES" or "NO", the Non-Profit Addendum will need to be completed and attached.

HOW should this attachment be submitted?

The Non-Profit Addendum must be submitted to MHC manually along with a hard copy of the Owner's Certification of Continuing Program Compliance (OCCPC).

☒ PART B: Supplemental Certification of HTC Compliance Report

PURPOSE?

The Supplemental Certification of HTC Compliance Report is generally utilized to ensure compliance with state specific requirements by examining an owner's compliance with certain point selection criterions as stipulated in the governing QAP for the development.

PART B:
Housing Tax Credit (HTC)
SUPPLEMENTAL CERTIFICATION OF HTC COMPLIANCE REPORT

Certification Period:	***From:*** January 1, 20__	***To:*** December 31, 20__	
Development Name:		Development Number:	MS-

I, ____________________________, the owner/ agent of the referenced development, hereby certify to the Mississippi Home Corporation that I have maintained the following special provisions relative to the requirements and obligations as outlined in Section 42 of the IRC, applicable Qualified Allocation Plan, governing Land Use Restriction Agreement and final HTC application:

Part I: Targeted Population	Yes	No*	N/A
1. Occupancy and rents have been further restricted **beyond** the federal minimum set aside and each household in the set aside has been qualified at 50% or below of the AMGI.	☐	☐	☐
2. The required percentage of households has been qualified at or above 61% of the AMGI as outlined for mixed-income developments in accordance with the governing QAP.	☐	☐	☐
3. a. One hundred percent (100%) of the development's units have been set aside for the elderly population that meet the requirements as defined by Rural Development or the Department of Housing and Urban Development (HUD) for elderly housing and accessibility for handicapped persons.	☐	☐	☐
b. Policies, procedures, facilities and services have been provided and/or maintained to meet the physical or social needs of older persons or for persons meeting the Rural Development or Department	☐	☐	☐

WHO is required to submit this report?

The Supplemental Certification of HTC Report must be completed by ALL HTC developments that have met its targeted applicable fraction regardless of whether IRS form 8609 has been issued.

HOW should this report be submitted?

The Supplemental Certification of HTC Compliance Report must be submitted **manually.**

WHAT are the possible components/required attachments associated with this report type?

- *Notice of Physical Damages*
- Written documentation to support any explanations

Owner's Rental Assistance/Public Housing Authority Assistance Activity Log

PURPOSE?

The Owner's Rental Assistance/Public Housing Authority Assistance Activity Log is intended to capture the rental subsidy that was provided during the applicable certification period.

10. Development-based rental assistance has been provided to at least fifty-one percent (51%) of the development's units. (Developments with *owner's rental assistance* or *public housing authority assistance* complete the chart below illustrating the rental assistance provided throughout the certification period.) ☐ ☐ ☐

Owner's Rental Assistance/Public Housing Authority Assistance Activity Log

Month	Jan	Feb	Mar	Apr	May	June	Jul	Aug	Sept	Oct	Nov	Dec
# of Assisted Units												
Total amount of Credits provided	$	$	$	$	$	$	$	$	$	$	$	$

First Subsidy Payment Date: ____________________ Total Amount of Credits/Assistance Provided: ____________________

WHO is required to complete the Owner's Rental Assistance/Public Housing Authority Assistance Activity Log?

The assistance activity log is required to be completed by all developments that have Owner's Rental Assistance or Development-Based Rental Assistance contract through the Public Housing Authority.

NOTE: If an owner has project-based Section 8 rental assistance, project-based vouchers or project-based annual contribution contract, please answer question #10 but do not complete the activity log.

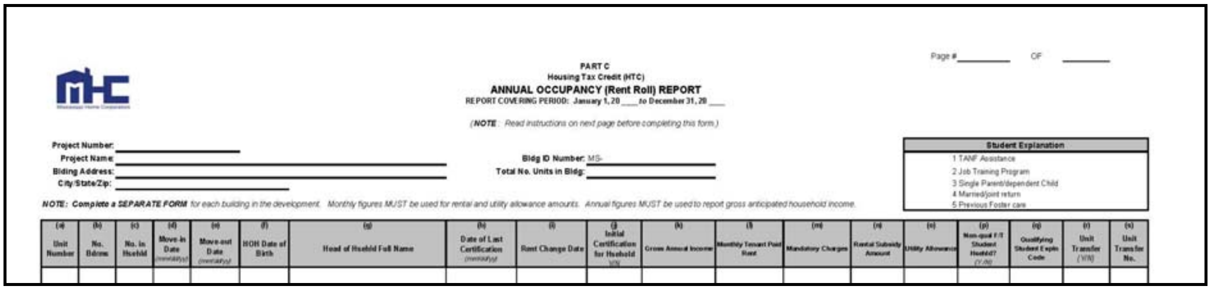
HOW should the assistance activity log be completed?

- The total number of units that were provided rental assistance should be entered for each month.
- The total amount of credits provided each month for the assisted units.

☒ PART C: HTC Annual Occupancy (Rent Roll) Report

PURPOSE?

The HTC Annual Occupancy (Rent Roll) Report is utilized to obtain eligibility information as it relates to the income eligibility, rent restriction, full-time student status, etc., of qualifying households.



Page # ________ OF ________

PART C
Housing Tax Credit (HTC)
ANNUAL OCCUPANCY (Rent Roll) REPORT
REPORT COVERING PERIOD: January 1, 20___ to December 31, 20___

(*NOTE*: *Read instructions on next page before completing this form.*)

Project Number: ____________
Project Name: ____________
Blding Address: ____________
City/State/Zip: ____________

Bldg ID Number: MS-____________
Total No. Units in Bldg: ____________

Student Explanation
1 TANF Assistance
2 Job Training Program
3 Single Parent/dependent Child
4 Married/joint return
5 Previous Foster care

NOTE: Complete a SEPARATE FORM *for each building in the development. Monthly figures MUST be used for rental and utility allowance amounts. Annual figures MUST be used to report gross anticipated household income.*

(a) Unit Number	(b) No. Bdrms	(c) No. in Hsehld	(d) Move-in Date (mm/dd/yy)	(e) Move-out Date (mm/dd/yy)	(f) HOH Date of Birth	(g) Head of Hsehld Full Name	(h) Date of Last Certification (mm/dd/yy)	(i) Rent Change Date	(j) Initial Certification for Hsehold Y/N	(k) Gross Annual Income	(l) Monthly Tenant Paid Rent	(m) Mandatory Charges	(n) Rental Subsidy Amount	(o) Utility Allowance	(p) Non-qual F/T Student Hsehld? (Y/N)	(q) Qualifying Student Expln Code	(r) Unit Transfer (Y/N)	(s) Unit Transfer No.

***** SUBMISSION REQUIRED via AOD/COL @ www.mshomecorp.com*****

WHO is required to submit this report?

The HTC Occupancy Report must be completed by ALL owners of a HTC development that has met its targeted applicable fraction regardless of whether IRS form 8609 has been issued.

HOW should this report be submitted?

The Occupancy (Rent Roll) Report must be submitted to MHC electronically via the AOD/COL system @ www.mshomecorp.com. However, the attachments must be submitted manually

Certification On Line

CAUTION: MHC must grant access to the AOD/COL system. For access rights, contact Brandon Morey at brandon.morey@mshc.com.

NOTE: *For owner's of development without online access or unable to transmit electronically, a manual report MUST BE remitted to MHC for review and processing. Forms needed to complete a manual report may be obtained MHC's website at www.mshomecorp.com>For Property Managers>Compliance-HTC>HTC Compliance Forms& Resources>Annual Owner Certification forms.*

ARE there fees that apply to the manual processing of the Occupancy Report processed?

Yes. Because electronic submission of this report is required, reports submitted manually will be assessed a $40.00 per unit processing fee. No component of the AOC Report will be processed without payment of assessed fees.

WHAT are the possible components/required attachments associated with this report type?

- Utility Allowance Documentation (as provided by HUD, RHS, Local Utility Company, etc.)
- Corrective Action documentation for 'owner-corrected' noncompliance violations

WHERE can I obtain my Utility Allowance estimate applicable to my development?

1. **Public Housing Authority (PHA)**

   The Public Housing Authority (PHA) generates a utility allowance estimate based on average usage consumption data for a particular area. Generally, unless a development is subject to the utility allowance guidelines as stated in IRS Reg. 1.42-10, the PHA is the appropriate utility allowance estimate source provider for MOST HTC developments.

2. **Department of Housing and Urban Development (HUD)**

   HTC projects/buildings whose rents and utility allowances are reviewed by HUD annually MUST UTILIZE HUD approved utility allowances. Utilization of the HUD provided utility allowance is also required of:
   - ☐ Projects/buildings with a below-market HUD loan;
   - ☐ A HTC project/development/unit that has/had a resident(s) that receives(ed) HUD Section 8 assistance

3. **Rural Housing Services (RHS)**

   A Rural Housing Service (RHS) approved utility allowance estimate must be used for a development that received RHS assistance, including any units occupied by households receiving Section 8 Rental Assistance payments. Additionally, a unit occupied by a resident that receives RHS rental assistance must also utilize the RHS utility allowance.

4. **Local Utility Company**

   Alternatively, the owner (or the tenant) may obtain utility cost estimates from the appropriate local utility company. Prior to utilization, the owner must furnish MHC with a copy of the utility company's estimated utility costs for units of similar size, construction and geographic area to the low-income development. If the utility service is deregulated, the estimate may be obtained from just one of the multiple utility companies offering the same utility service to the building. Use of a Utility allowance estimate from this source provider MUST HAVE BEEN pre-approved by MHC.

5. **HUD Utility Schedule Model**

   A HTC building owner may calculate a utility estimate using the HUD Utility Schedule Model that can be found on the HTC page at www.huduser.org/datasets/lihtc.html (or successor URL). Utility rates used for the HUD Utility Schedule Model must be no older than the rates in place 60 days prior to the beginning of the 90-day period before new rates have to become effective. Use of a Utility allowance estimate from this source provider MUST HAVE BEEN pre-approved by MHC.

6. **Energy Consumption Model**

   A HTC building owner may utilize a utility allowance estimate compiled based on an energy and water and sewage consumption and analysis, an energy consumption model, prepared by a licensed engineer or a qualified professional. Use of a Utility allowance estimate from this source provider MUST HAVE BEEN pre-approved by MHC.

SAMPLE RHS Approval Utility Allowance Notice

NOTICE OF APPROVED RENT (OCCUPANCY CHARGE) AND
UTILITY ALLOWANCE CHANGE

Dear [redacted]

You are hereby notified that Rural Development has reviewed the request for a change in shelter costs f[redacted] considered all justifications provided by project manag[redacted]pproved the following rent (occupancy charge) and/or utility allowance rates listed below. The changes for all units will become effective on January 1, 2008.

The change is needed for the following reasons:

- Increase in utility cost

The approved rent changes are as follows:

Unit Size	Present Rent (Occupancy Charge) Basic	Present Rent (Occupancy Charge) Note Rate	Approved Rent (Occupancy Charge) Basic	Approved Rent (Occupancy Charge) Note Rate
2BR	$380	$607	$380	$607

Unit Size	Present Utility Allowance	Proposed Utility Allowance
2BR	$85	$105

JAN 2 7 2009

Any tenant who does not wish to pay the Rural Development approved rent changes may give the owner a 30 day notice that they will vacate. The tenant will suffer no penalty as a result of this decision to vacate, and will not be required to pay the changed rent.

However, if the tenant later decides to remain in the unit, the tenant will be required to pay the changed rent from the effective date of the changed rent.

Sincerely,

ROBERT D. THAMES
Area Specialist

attachment

B. PROPOSED CHANGE TO RENTS - Effective Date: / /

UNIT DESCRIPTION			RENTAL RATES			POTENTIAL INCOME FROM EACH RATE		
BR SIZE	UNIT TYPE	NUMBER	BASIC	NOTE RATE	HUD	BASIC	NOTE RATE	HUD
1		* 5	740	900		44,400	54,000	
2		* 15	780	962		140,400	173,160	
2	Z	1	-	-		-	-	
1	RA	3	740	900		26,640	32,400	
2	RA	8	780	962		74,880	92,352	
	* 20 non-RA units have incentive basic rent of 300 for 1BR and 355 for 2BR per month.							
		Difference is shown on page 1, line 9.						
					CURRENT RENT TOTALS:	286,320	351,912	-
						BASIC	NOTE	HUD

C. PROPOSED UTILITY ALLOWANCE - Effective Date: / /

MONTHLY DOLLAR ALLOWANCES

BR SIZE	UNIT TYPE	NUMBER	ELECTRIC	GAS	WATER	SEWER	TRASH	OTHER	TOTAL
1		8	82						82
2		24	86						86

AGENCY APPROVAL (Rural Development Approval Official): DATE: 12-3-2007

COMMENTS:

JAN 2 7 2009

Signature of Authorized Agent required

SAMPLE SECTION 8 Approval Utility Allowance Notice

NOTIFICATION OF SECTION 8 GROSS RENTS

IDENTIFICATION OF UNITS ("CONTRACT UNITS") BY SIZE
AND APPLICABLE CONTRACT RENTS

Section 8 Number: [redacted] Rent Effective Date: 04/01/2008

Number of Units	Number of Bedrooms	Contract Rent	Utility Allowance	Gross Rent
16	1	656	58	714
40	2	708	68	776
32	3	865	83	948
16	4	1049	93	1142

SIGNATURES

Contract Administrator
Clarksdale Housing Authority

Royal Ann Spencer
(Signature)

Royal Ann Spencer
(Printed Name)

Executive Director
(Official Title)

4-10-08
(Date)

Owner

[redacted]

MANAGING MEMBER
(Official Title)

4/7/08
(Date)

NOTE: Amended rents are affected by Contract Administrator notice to the Owner of Revised Exhibit A to specify adjusted contract rent amounts in accordance with section 6b of the Renewal Contract.

Signature of Authorized Agent required

☒ PART D: Tax Form(s)

PURPOSE?

The HTC Tax Forms component is utilized to document and verify certain Sec.42 requirements, including an owner's treatment of the building and election of credit start period.

Form **8609**
(Rev. December 2008)
Department of the Treasury
Internal Revenue Service

Low-Income Housing Credit Allocation and Certification
▶ See separate instructions.

OMB No. 1545-0988

Part I **Allocation of Credit**

Check if: ☐ Addition to Qualified Basis ☐ Amended Form

A Address of **building** (do not use P.O. box) (see instructions)

B Name and address of **housing credit agency**

C Name, address, and TIN of **building owner** receiving allocation

TIN ▶

D Employer identification number of agency

E Building identification number (BIN)

▶ Signature of authorized official ▶ Name (please type or print) ▶ Date

Part II **First-Year Certification**—Completed by Building Owners with respect to the First Year of the Credit Period

7	Eligible basis of building (see instructions)	7	
8a	Original qualified basis of the building at close of first year of credit period	8a	
b	Are you treating this building as part of a multiple building project for purposes of section 42 (see instructions)?	☐ Yes	☐ No
9a	If box 6a or box 6d is checked, do you elect to reduce eligible basis under section 42(i)(2)(B)?	☐ Yes	☐ No
b	For market-rate units above the average quality standards of low-income units in the building, do you elect to reduce eligible basis by disproportionate costs of non-low income units under section 42(d)(3)(B)? ▶	☐ Yes	☐ No
10	Check the appropriate box for each election: **Caution:** *Once made, the following elections are irrevocable.*		
a	Elect to begin credit period the first year after the building is placed in service (section 42(f)(1)) ▶	☐ Yes	☐ No
b	Elect **not** to treat large partnership as taxpayer (section 42(j)(5)) ▶	☐ Yes	
c	Elect minimum set-aside requirement (section 42(g)) (see instructions) ☐ 20-50 ☐ 40-60	☐ 25-60 (N.Y.C. only)	
d	Elect deep rent skewed project (section 142(d)(4)(B)) (see instructions)	☐ 15-40	

Under penalties of perjury, I declare that the above building continues to qualify as a part of a qualified low-income housing project and meets the requirements of Internal Revenue Code section 42. I have examined this form and attachments, and to the best of my knowledge and belief, they are true, correct, and complete.

WHO is required to submit this report?

The Tax Form(s) component must be submitted for ANY development that received its 8609s during the CERTIFICATION PERIOD.

HOW should this report be submitted?

The Tax Forms must be submitted **manually.**

WHAT are the possible components/required attachments associated with this report type?

- IRS Forms 8609 LIHC Allocation and Certification, per building (with Part II completed and signed)
- Multiple Building Project Listing, per project

Multiple Building Project Listing

PURPOSE?

The purpose of the multiple building project listing is to identify which buildings will be included in the multiple building project.

SAMPLE MULTIPLE BUILDING PROJECT LISTING

[redacted] PARTNERS, L.P.
FEDERAL ID#: [redacted]

A STATEMENT ATTACHED TO AND MADE PART OF FORM 1065
UNITED STATES PARTNERSHIP RETURN OF INCOME
FOR THE TAX YEAR ENDING DECEMBER 31, 2009

THE ABOVE-MENTIONED TAXPAYER IS TREATING THE FOLLOWING BUILDINGS LOCATED IN [redacted] MISSISSIPPI, [redacted] AS A DISTINCT PROJECT, SOLELY FOR PURPOSES OF MEETING THE MINIMUM SET-ASIDE TEST OF SECTION 42(g)(1)(B) OF THE INTERNAL REVENUE CODE. THESE BUILDINGS HAVE THE SAME CREDIT PERIOD:

BIN	Address	Annual credit amount
MS[redacted]-01	[redacted] Road	$ 11,698
MS[redacted]-02	[redacted] Road	18,978
MS[redacted]-03	[redacted] Road	18,978
MS[redacted]-04	[redacted] Road	11,108
MS[redacted]-05	[redacted] Road	18,978
MS[redacted]-06	[redacted] Road	18,978
MS[redacted]-01	[redacted] Road	152,041
MS[redacted]-02	[redacted] Road	246,610
MS[redacted]-03	[redacted] Road	246,610
MS[redacted]-04	[redacted] Road	144,340
MS[redacted]-05	[redacted] Road	246,610
MS[redacted]-06	[redacted] Road	246,610
		$ 1,381,539

WHO is required to submit this attachment?

Owners who elect on line 8b on the IRS Form 8609 to treat a building as being a part of a multiple building project will need to submit a multiple building project listing.

HOW should this attachment be completed?

The multiple building project listing should include:

- The name and address of the project and each building in the project.
- The building identification number (BIN) of each building in the project.
- The aggregate credit dollar amount for the project.
- The credit allocated to each building in the project.

PACKAGING

In an effort to expedite the Annual Owner Certification (AOC) Report review process, each report must be packaged in accordance with the following:

1. A separate AOC Report must be prepared and submitted for each development receiving an allocation of Housing Tax Credits (HTCs).
2. All components of the AOC report must be submitted in the format (form) established and/or generated by the Compliance Division, where applicable.
3. Compliance fees (i.e., late submission), if applicable, must be attached to the top of the AOC Report using the supplied Payment Processing Form.
4. Each AOC Report must be secured/binded with an Acco Fastener.
5. All components of the report must be type-written or completed in blue or black ink. No pencils!
6. All components of the report, including signatures, must be ORIGINALLY prepared and executed by the owner and/or owner's registered agent, where applicable. PHOTOCOPIES WILL NOT BE ACCEPTED OR REVIEWED.

PRESENTATION: ASSEMBLE MATERIALS FROM TOP TO BOTTOM

All AOC Reports MUST be ORGANIZED AND PRESENTED in the order listed below when forwarded to MHC for review and processing:

Payment Processing form, *if applicable*

Part A: Owner's Certification of Continuing Program Compliance Report*
(signed & notarized by owner)
- *Fair Housing Discrimination Adverse Judgment documentation*
- *State/Local Building Code Inspection Report*
- *Non-Profit Addendum*
- *Written documentation to support any explanations*

Part B: Supplemental Certification of HTC Compliance Report *(signed & notarized by owner)*
Support Documentation, *where applicable*
- *Notice of Physical Damages*
- *Written documentation to support any explanations*

Part C: Occupancy (Rent Roll) Report, if applicable (per building)*
Note: A hard copy of the report is NOT needed with COL submissions.
- *Utility Allowance Support Documentation*
- *Copies of TICs and Demographic Profile forms* ***(for manual submissions only!)***
- *Corrective Action for 'owner-corrected' noncompliance violations*

Part D: Tax Forms
- *IRS Form 8609*
- *Multiple Building Listing*

Remember to retain a copy of your AOC Report submission for your records!

HTC COMPLIANCE MONITORING STAFF

Ensuring Compliance through Education and Training

Robert D. Collier
Senior VP of Program Compliance
Robert.Collier@mshc.com; 601.718.4630

Teri Nguyen
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Brandon Morey
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MISSISSIPPI HOME CORPORATION
735 Riverside Drive
Jackson, MS 39202
601.718.4642
www.mshomecorp.com

Quick Reference Chart

Import All Building Data process allows users to import XML files containing tenant activity for <u>ALL</u> buildings in one upload.

Annual Owner Certs directs the user to the Owner's Certification form for completion and submission

Proceed to Buildings directs the user to the Building Screen. (User will need to proceed to the Buildings screen in order to be directed to the unit screen.)

Import Building Data where users may upload tenant data for the specific building in the form of an xml file generated from management's own monitoring software.

View Details provides information about the building (i.e. number of units, square footage, etc.) and provides the latest compliance status of the occupancy review.

Change Report Period allows the user to change the reporting period for a building's occupancy period.

Submit Tenant Certs transfers the building's occupancy data to the housing finance agency.

Proceed to Units directs user to the Units Screen.

Reports directs the user to *LIHTC/HOME Annual Occupancy Report* and the *Household Income and Rent Limit Status Report*.

Close exits the building screen and returns the user to the Project Screen.

Unit Definition provides details regarding the unit information (i.e. number, number of bedrooms, square footage).

Income & Rent Test allows the user to test the income and rent to the applicable limits on an individual unit.

New Tenant Cert/Re-Cert allows the user to input certification (i.e. TIC/ Student and Rent Declaration) information for a new move-in certification **or** recertification.

View/Modify Current Tenant Cert/Re-cert allows the user to edit information for a certification that has already been entered into the system or allows the user to enter a rent change during the interims.

Delete Tenant Certs allows the user to delete any un-submitted data (i.e. certification, transfer, vacancy).

Move-out allows the user to move a tenant out of the unit.

Unit Transfer allows the user to relocate a tenant from one unit to another unit in the same building or from building to building.

Ready All Units marks all units in the building ready to "Ready to Submit".

Close exit the Units Screen and return to the building screen.

Common Tasks

Open the OCCPC form	Project Screen> Annual Owner Certs
Print the OCCPC form	Project Screen> Annual Owner Certs > Annual Owner Cert Form
Submit the OCCPC form	Project Screen> Annual Owner Certs > Submit
Upload XML File for All Buildings	Project Screen> Import All Building Data
Upload XML File for One Building	Project Screen> Proceed to Buildings > Import Building Data (*Please note that transfers between different buildings cannot be reported in this process. The system will prompt an error message. In this situation, users must use the "Import All Building Data" process accessible through the Project screen.)*
Mark Units Ready to submit	Project Screen> Proceed to Buildings> Proceed to Units> Ready All Units
Submit Building's Occupancy Report	Project Screen> Proceed to Buildings> Submit Tenant Certs
Enter New Household, Recertification or Student and Rent Declaration	Project Screen> Proceed to Buildings> Proceed to Units> New Tenant Cert/Re-Cert
Enter Gross Rent Change Only (for households with **no** recertification for the period prior to the change)	Project Screen> Proceed to Buildings> Proceed to Units> New Tenant Cert/Re-Cert
Enter Gross Rent Change Only (for households with a recertification for the period prior to the change)	Project Screen> Proceed to Buildings> Proceed to Units> View/Modify Current Tenant Cert
Move-out a Tenant	Project Screen> Proceed to Buildings> Proceed to Units> Move-out
Transfer a tenant	Project Screen> Proceed to Buildings> Proceed to Units> Unit Transfer
Edit Current Certification (TIC/Student and Rent Declaration) Information	Project Screen> Proceed to Buildings> Proceed to Units> View/Modify Current Tenant Cert
Delete Activity *(move-in, recertification, move-out)*	Project Screen> Proceed to Buildings> Proceed to Units> Delete Tenant Certs

For detailed instructions, the ***AOD/COL User Manual (Detailed Format) for Onsite Managers*** may be requested from the Compliance Division. Please contact Brandon Morey at Brandon.morey@mshc.com.

For more information, contact:
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735 Riverside Drive, Jackson MS 39202
Phone: 601.718.4642 Fax: 601.718.4643

Mississippi Home Corporation
Housing Tax Credit Program
Developments in the Extended Use Period Effective January 1, 2016*

Project Number	Project Name	Project Number	Project Name
00-042	Sioux Bayou Arms	99-026	Windwood Manor
00-047	Pine Haven Heights II	99-027	Gardner Boclair Estates LP
00-048	Pine Haven Estates II	99-028	Rosedale Manor Apartments
00-049	Pine Haven Estates III	99-035	Park Wind Apartments Phase II
00-067	Kim- Co Apartments	99-036	Ashton Park III Apartments
99-001	Pine Haven Heights 99	99-043	Cedar Bend Apartments II
99-002	Brittany Estates	99-045	Shady Lane Apartments
99-003	Pineview Heights	99-046	Brittany Arms II
99-004	The Woodlands	99-047	Pecan Grove Apartments
99-008	Elton Park Apartments	99-048	Byhalia Apartments
99-009	Red Oaks Estates	99-049	Pine Hill Apartments
99-013	Graystone II Apartments	99-053	Summer Park Apartments
99-014	Providence Pointe II		

NOTE: All active developments with a project number beginning with 90 through 98 have entered the extended use period.

**Administrative Fee: $20.00 per low-income tax credit unit / $10.00 for RHS financed unit*