



**PROGRAM BULLETIN NUMBER #: 18-1801**

**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 *TNC*

**DATE:** January 18, 2018

**SUBJECT:** **Annual Owner's Certification Report  
Covering Period: January 1 – December 31, 2017**

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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 11:59 p.m., April 30, 2018* detailing all compliance activity conducted during the 2017 calendar year (Jan. 1 - Dec. 31, 2017).

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 web-based Certification On-Line (COL) system. A copy of all other report components and support documentation, along with a signed and notarized copy of the OCCPC Report, **must be remitted to [compliance.htc@mshc.com](mailto:compliance.htc@mshc.com) on or before the deadline date** noted herein.

Electronic submissions are now being accepted for all authorized COL users. If COL access is needed for a development, please contact Teri N. Carpenter at 601.718.4641 or [teri.carpenter@mshc.com](mailto:teri.carpenter@mshc.com) immediately. COL access requests received by MHC after March 16, 2018 may 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 1) foreclosure or an instrument in lieu of foreclosure or 2) has completed the qualified contract process during the certification period 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 these 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  
COL Quick Reference Guide

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# 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 No.:** \_\_\_\_\_ **Development Name:** \_\_\_\_\_

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. Should the 30th fall on a weekend, the report will be due the next business day. Forward a completed report for each development to as **one pdf file** to Mississippi Home Corporation at [compliance.htc@mshc.com](mailto:compliance.htc@mshc.com)

<b>REPORT COMPONENTS:</b> <i>Please check the document type attached with this submission and the method of the AOC submission.</i>	<i>Method of Transmission</i>		
<b>Document Type</b>	<i>Certification Online (COL)</i>	<i>Via Email as PDF</i>	<i>Via Mail</i>
Annual Owner Certification Report Checklist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Payment Processing form with payment, <i>if applicable</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part A: Owner's Certification of Continuing Program Compliance Report ( <i>signed &amp; notarized by owner</i> ) <b><u>OCCPC must be sent via COL and by email.</u></b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Fair Housing Discrimination Adverse Judgment documentation		<input type="checkbox"/>	
• State/Local Building Code Inspection Report		<input type="checkbox"/>	
• Non-Profit Addendum		<input type="checkbox"/>	
• Written documentation to support any explanations		<input type="checkbox"/>	
Part B: Supplemental Certification of HTC Compliance Report ( <i>signed &amp; notarized by owner</i> ) Support Documentation, <i>where applicable</i>		<input type="checkbox"/>	<input type="checkbox"/>
• Special Needs Population Log		<input type="checkbox"/>	
• Notice of Physical Damages		<input type="checkbox"/>	
• Monthly Financial Statements/General Ledgers to support Owner Rental Assistance		<input type="checkbox"/>	
• ORA Lease Addendums		<input type="checkbox"/>	
• Written documentation to support any explanations		<input type="checkbox"/>	
Part C: Occupancy (Rent Roll) Report, <i>if applicable (per building)</i> <i>Note: A hard copy of the report is NOT needed with COL submissions.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Utility Allowance Support Documentation		<input type="checkbox"/>	
• Copies of TICs and Demographic Profile forms ( <i>for data entry by MHC only</i> )		<input type="checkbox"/>	
• Corrective Action for 'owner-corrected' noncompliance violations		<input type="checkbox"/>	
Part D: Tax Forms ( <i>For developments that received Forms 8609s during the certification year</i> )		<input type="checkbox"/>	<input type="checkbox"/>
• IRS Form 8609		<input type="checkbox"/>	
• Multiple Building Listing, <i>if applicable</i>		<input type="checkbox"/>	

\_\_\_\_\_  
Preparer Signature

\_\_\_\_\_  
Date

*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.
<input type="checkbox"/> Check:	_____	_____	<input type="checkbox"/>	_____
<input type="checkbox"/> Money Order:	_____	_____	<input type="checkbox"/>	_____
<input type="checkbox"/> Other:	_____	_____	<input type="checkbox"/>	_____

**FEE:**

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

*\*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]

OWNER'S CERTIFICATION OF CONTINUING PROGRAM COMPLIANCE

**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:

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

By: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Ownership Entity

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: \_\_\_\_\_



**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:	<b>From:</b> January 1, 20__	<b>To:</b> 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

**Housing Tax Credit (HTC)**  
**PART B: 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 <b>beyond the federal minimum set aside</b> 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).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The required minimum number of units have been set aside and qualified for special-needs population (i.e. veterans or persons with disability). If applicable, attach <i>Special Needs Population Log</i> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part II: Development Characteristics	Yes	No*	N/A
5. Tenant-based rental assistance (i.e. Section 8 certificate/vouchers) has been accepted as outlined by the final HTC application.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The development has <b>not</b> 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.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Development-based rental assistance (DBRA) has been provided to at least fifty-one percent (51%) of the development’s units. <i>(Developments where DBRA is provided by the owner or public housing authority must complete the chart below illustrating the rental assistance provided throughout the certification period. Monthly financial statements/general ledgers and ORA Lease Addendums for the period must also be attached.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

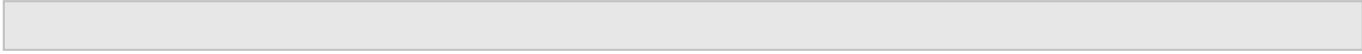
First Subsidy Payment Date: \_\_\_\_\_ Total Amount of Credits/Assistance Provided: \_\_\_\_\_

Do any of the above amounts contain arrearage for previous certification years?  No  Yes If yes, please a detailed explanation on page 2.

\*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.





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

## SPECIAL NEEDS POPULATION LOG

Development Name \_\_\_\_\_

Reporting Period: \_\_\_\_\_

**Directions:** In the spaces below, identify all households qualified for a special needs unit obligated by owner in the HTC application. Please use additional sheets as needed.

#	Resident's Name	Unit No.	Move-in Date	Move-out Date	Population Type (E= Elderly, D=Disabled, H=Homeless, V=Veterans, AOI= Disabled Targeted by MS Affirmative Olmstead Initiative)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					



# 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)



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\*\*\***

<b>H E A D I N G  I N F O</b>	<b>Report Covering Period</b>	Indicate the period in time in which this report covers (i.e. January 1, 2008 thru December 31, 2008).
	<b>Project Number</b>	Indicate the project number assigned by Mississippi Home Corporation (i.e., MS 09-999).
	<b>Project Name</b>	Indicate the Project name as identified on IRS form 8609, Part 1-A. (Note as 'AKA' the new project name, if applicable.
	<b>Building Address</b>	Indicate the building address as identified on IRS form 8609, Part 1-A.
	<b>Building Identification Number (BIN)</b>	List the building identification number assigned to the project, and identified on IRS form Part 1-E.
	<b>Total # of units in the building</b>	Identify the total number of rental units in this building.
a	<b>Unit Number</b>	Identify the number assigned to the unit by the owner.
b	<b>No. of Bedrooms</b>	Identify the total number of separate bedrooms in the unit.
c	<b>No. in Household</b>	Identify the number of persons residing in the unit, including non-related household members
d	<b>Move-in Date</b>	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	<b>Move – Out Date</b>	The date the resident(s) vacated the unit, if applicable.
f	<b>Head of Household Date of Birth</b>	Input the date of birth of the head of household member.
g	<b>Head of Household</b>	List the person identified as head of household on the Tenant Certification (TIC) form (Last, First).
h	<b>Date of last certification</b>	The date on which the income of the household was examined or reexamined for eligibility purposes
i	<b>Rent Change Date</b>	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	<b>Initial Certification for household</b>	Indicate by 'Y' for yes and 'N' for No if this is the initial certification for the household.
k	<b>Current Annual Gross Income</b>	The <b>GROSS</b> Annual household income anticipated/projected for the 12 months following the date of the Annual Certification/Recertification.
l	<b>Tenant Paid Rent</b>	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	<b>Mandatory Charges</b>	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	<b>Rental Subsidy Amount</b>	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	<b>Utility Allowance</b>	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	<b>Non-Qualifying F/T Student household</b>	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	<b>Qualifying Student Explanation Code</b>	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	<b>Unit Transfer (Y/N)</b>	Identify whether or not this household is transferring to another unit.
s	<b>Unit Transfer Number</b>	Identify the unit number in which the listed household is transferring to. This number does not have to be in this building.

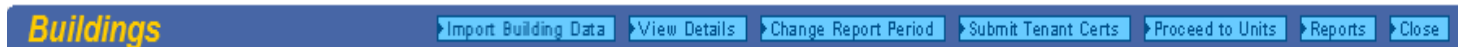
**NOTE: For every household, attach copies of the first page of each Tenant Income Certification (TIC) completed during the certification period and the Demographic Profile Reporting form, or comparable form.**



**Import All Building Data** process allows users to import XML files containing tenant activity for ALL 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 in the form of an xml file generated from management’s own monitoring software. *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.*

**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.

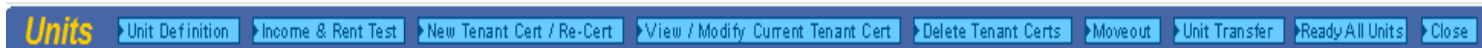
**Change Report Period** allows the user to change the reporting period for a building’s occupancy period.

**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

<b>Open the OCCPC form</b>	Project Screen> Annual Owner Certs
<b>Print the OCCPC form</b>	Project Screen> Annual Owner Certs > Annual Owner Cert Form
<b>Submit the OCCPC form</b>	Project Screen> Annual Owner Certs > Submit
<b>Upload XML File for All Buildings</b>	Project Screen> Import All Building Data
<b>Upload XML File for One Building</b>	Project Screen> Proceed to Buildings > Import Building Data
<b>Mark Units Ready to submit</b>	Project Screen> Proceed to Buildings> Proceed to Units> Ready All Units
<b>Submit Building's Occupancy Report</b>	Project Screen> Proceed to Buildings> Submit Tenant Certs
<b>Enter New Household, Recertification or Student and Rent Declaration</b>	Project Screen> Proceed to Buildings> Proceed to Units> New Tenant Cert/Re-Cert
<b>Enter Gross Rent Change Only</b> (for households with <b>no</b> recertification for the period prior to the change)	Project Screen> Proceed to Buildings> Proceed to Units> New Tenant Cert/Re-Cert
<b>Enter Gross Rent Change Only</b> (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
<b>Move-out a Tenant</b>	Project Screen> Proceed to Buildings> Proceed to Units> Move-out
<b>Transfer a tenant</b>	Project Screen> Proceed to Buildings> Proceed to Units> Unit Transfer
<b>Edit Current Certification (TIC/Student and Rent Declaration) Information</b>	Project Screen> Proceed to Buildings> Proceed to Units> View/Modify Current Tenant Cert
<b>Delete Activity</b> ( <i>move-in, recertification, move-out</i> )	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 Teri N. Carpenter at [teri.carpenter@mshc.com](mailto:teri.carpenter@mshc.com).

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