

**Mississippi Home Corporation
Development Physical Condition Report**

Project Number: _____ Project Name: _____

Address : _____ City: _____

Certification Period: _____

Damage Sustained: ☐ Yes ☐ No If yes, date of incident: _____

Description of Events: _____

Affected Building(s) and Address (BIN # only if an LIHTC Project)

BIN:	BIN Address	List Units out of Service:	All Units Out of Service?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

(Attach additional pages as necessary)

Has insurance provider been contacted: ☐ Yes ☐ No

Has adjuster visited the property: ☐ Yes ☐ No

Expected date the unit(s) will be back in service: _____

Required Attachments:

- Color Photos of Damages
- Summary of the work necessary to restore building(s) and/or unit(s)

Name of Ownership Entity

Name of Owner Representative

Title

Owner Representative Signature

Date: