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Missississi	Homo C	l occoration

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:	Bldg ID Number: MS-
Blding Address:	Total No. Units in Bldg:
City/State/Zip:	

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.

Page #	OF	

Ctudont	Explanation

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

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