

Mississippi Home Corporation
Affordability Transition Report Checklist

The Affordability Transition Report is required for a three year period following a development's sale via foreclosure or release from the LURA due to the qualified contract process.

CERTIFICATION PERIOD: 01/01/_____ to 12/31/_____

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. If April 30th falls on a weekend, the report will be due the next business day.

REPORT COMPONENTS:

Please check the document type attached with this submission and the method of the AOC submission.

Document Type (<i>check all attached documents</i>):	<i>Check all that apply</i>
<input type="checkbox"/> Payment Processing form, <i>if applicable</i>	<input type="checkbox"/>
<input type="checkbox"/> Affordability Transition Report Checklist	<input type="checkbox"/>
<input type="checkbox"/> Part A: Certification of Program Compliance <i>(signed by owner)</i>	<input type="checkbox"/>
<input type="checkbox"/> Utility Allowance Support Documentation, <i>if applicable</i>	<input type="checkbox"/>
<input type="checkbox"/> Part B: Occupancy (Rent Roll) Report <i>(per building)</i>	<input type="checkbox"/>

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

Preparer Signature

Date

Forward completed AOC report to:
Mississippi Home Corporation
Compliance Monitoring Division
Attn.: Robert D. Collier
735 Riverside Drive
Jackson, MS 39202

Remember to retain a copy of your report submission for your records.

Housing Tax Credit (HTC)
Affordability Transition Report
Part A: CERTIFICATION OF PROGRAM COMPLIANCE

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

NOTE: *To be completed by developments which were sold through a foreclosure process or were released from the LURA following a qualified contract process within the three-year certification period immediately preceding the due date of the report.*

Part I – Development Data			
Certification Dates:	From: January 1, 20__	To: December 31, 20__	
Development Name:		Dev. No: MS	
Development Address:		City:	Zip:
Tax ID # of Ownership Entity:		Date of Foreclosure:	

Part II –Statement of Compliance

1. The owner has complied with Section 42(h)(6)(E)(ii)(I) and/or LURA to not evicted or terminated the tenancy of an existing tenant of any low-income unit other than for good cause:
 YES NO

2. No tenants had an increase in the gross rents with respect to a low-income unit not otherwise permitted under IRS § 42.
 YES NO

3. There has been **no change/reduction in the number of protected low-income units (families) (i.e., vacancies)** as defined in Section 42(h)(6)(E)(ii) of the Code for any building in the project:
 NO CHANGE CHANGE *(Detail change on page 2 and on Part B Occupancy Report)*

4. As of December 31st of the certification period, there are/were a total of _____ occupied units. Of that number, _____ units are/were occupied by low-income household(s) at the time of foreclosure or release from the LURA by way of a qualified contract process.

5. There has been no change in the ownership or management of the project:
 NO CHANGE CHANGE *(Detail change on page 2)*

Owner Certification
<p>As owner of the above listed project, I hereby certify that the above statement of compliance is true and accurate to the best of my knowledge. Further, I certify 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 regulation as it relates to foreclosure procedures and responsibilities. This Certification and any attachments are made UNDER PENALTY OF PERJURY.</p>
<p>By: _____ _____ <i>Signature of Ownership Entity</i></p> <p>Title: _____</p> <p>Date: _____</p>

Housing Tax Credit
Affordability Transition- Certification of Compliance

Development Name: _____

Development Number: MS _____

**A. EXPLAIN ANY ITEMS THAT WERE ANSWERED "NO",
 "CHANGE" OR "FINDING" ON QUESTIONS 1-5.**

Question #	Explanation

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:			
Address:			
city, state, zip:			
Contact::			
Contact Phone:		Fax:	
Management Email:			

**B. CHANGES IN OWNERSHIP OR MANAGEMENT
 (to be completed ONLY if "CHANGE" marked for
 question 5 above)**

(Select all that apply)

- Transfer of Ownership
- Change in Owner Contact
- Change in Management Contact

1. TRANSFER OF OWNERSHIP

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

