

Mississippi Home Corporation (MHC)

Common Area/ Staff Unit Status Affidavit

Please complete one form for each unit occupied by staff/security.

Name of Staff Member: _____ Date of Hire: _____ Position: _____

Description of Duties: _____

Status of Employment: Part-time Full-time *(Full-time is considered to be whatever is reasonably required to make operations run smoothly at the development.)*

Development(s) covered by employment: _____

Hours worked per HTC development(s): _____

Building ID: _____ Unit Number occupied by Staff*: _____ Date of Move-in to Unit: _____

Unit occupied by staff is considered:

Low-income Unit Effective Date: _____
 The staff occupied unit is a low-income rental unit and is included in the low-income occupancy percentage for purposes of determining the applicable fraction and the qualified basis of the project and building. To be considered a HTC unit, the unit must be rent-restricted, income eligible, and under lease with an initial term of at least six months. The appropriate monitoring fee must be paid for this unit.

Market-rate Unit Effective Date: _____
 The unit is used by the staff without regard to the rent being charged or the income level of the tenant.

Common-Area Residential Unit Approval Date: _____
 The staff occupied unit is a common area that supports and/or is reserved for the benefit of all low-income rental units. The tenant occupying the unit is employed full-time at this development. The unit is excluded from the low-income occupancy calculation for purposes of determining the applicable fraction and the qualified basis of the project.

Please identify each component of the gross rent of the unit:

Rent Component	\$ Amount	Paid by (Development, Staff, etc)
Concession/ Discount	_____	_____
Utility- Electric	_____	_____
Utility- Gas	_____	_____
Utility- Water	_____	_____
Utility- Sewer	_____	_____
Tenant Paid Rent	_____	_____
Total	_____	_____

Please indicate other uses for the approved staff unit (i.e. storage, office, model unit, etc.):

 Signature of Residing Staff Member

 Printed Name of Residing Staff Member

 Date

 Signature of Owner/Representative

 Printed Name of Owner/Representative

 Date

*Changes to the location of the common-area residential unit must be approved by MHC.