Mississippi Home Corporation Housing Tax Credit (HTC)

Initial Compliance Status Report (ICR) CHECKLIST

(To be used as an aide in completing the ICR)

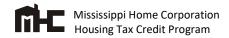
NOTE: An Initial Compliance Status Report is required for all active HTC developments reporting to compliance for the 1st time.

Development Number:

Development Name:

In accordance with Federal Statute 26 CFR 1.42-5 Section (c)(1), the Mississippi Home Corporation requires the owner to submit the following documents by the deadline specified in the Welcome Package. Forward a completed report for each development as one pdf file to the Mississippi Home Corporation at <a href="mailto:complete:complet

	1	Method of Submission		
Document Type (check all attached documents):	COL	Via Email	Via SharePoint	
 Initial Compliance Status Report Multiple Building Statement, if applicable First Year Files (First Year Files must be submitted for all units occupied during the initial reporting period. The remainder First Year Files must be submitted via SharePoint with the AOC Report) 				
Tenant Data (Tenant Data must be entered and submitted via COL)				
Utility Allowance Documentation (Must be applicable to the time in which the first building PIS)				



Initial Compliance Status Report

REPORTING PERIOD:	REPORTING YEAR:
I. DEVELOPMENT INFORMATION	
Development Number: De	evelopment Name:
II. OCCUPANCY SUMMARY DATA	
Federal Minimum Set Aside: □40/60 □20/50	State Set Aside: \Box 15/30 \Box 20/50 \Box 10/30
Total No. of Residential Buildings:	
Date First Building Placed-In-Service:	Anticipated/ First Credit Year:
Are there buildings which will not begin its credits in	n the same "Anticipated/First Credit Year"? If Yes, please identify
the BINs and the anticipated credit year for each	
All buildings will be treated as: $\ \square$ Separate Individu	ual Projects
Total No. of Units: Total Occupied Low-Ind	come (LI) Units ² : Total No. of Vacant LI Units:
Total No. of Empty Units: Total No. of S	Staff Units: Total No. of Market Units:
III. SPECIAL NEEDS ACKNOWLEDGEMENT	
Please specify the target population that the develo	pment will serve, along with the number of units designated for this
population.	
□ Elderly (55+)	
□ Elderly (62+)	
□Veterans	
☐MS Affirmative Olmstead Initiative (MAOI)	
□Homeless	
IV: COMMUNITY SERVICE ACKNOWLEDGEMENT	
Please list the community services that are required	I in accordance with the QAP and applicable HTC application.
Name of Service/Class	Frequency of Services
OWNER ACKNOWLEDGEMENT AND CERTIFICATION	<u>v</u>
I hereby certify that the above information is true ar	nd accurate.
Owner Contact Name (Print):	Prepared by:
Owner Signature:	Date:

- Attach multiple building election statement identifying the buildings in each project.
 All initial files must be uploaded to the SharePoint link provided in the welcome email.