

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 compliance.htc@mshc.com.**

REPORT COMPONENTS:			
<i>Please check the document type attached with this submission and the method of the ICR submission.</i>			
	Method of Submission		
	COL	Via Email	Via SharePoint
Document Type <i>(check all attached documents):</i>			
Initial Compliance Status Report <ul style="list-style-type: none"> Multiple Building Statement, if applicable First Year Files <i>(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)</i> 	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
Tenant Data <i>(Tenant Data must be entered and submitted via COL)</i>	<input type="checkbox"/>		
<ul style="list-style-type: none"> Utility Allowance Documentation <i>(Must be applicable to the time in which the first building PIS)</i> 		<input type="checkbox"/>	

Preparer Signature

Date

Remember to retain a copy of your Initial Compliance Status Report submission for your records!



Initial Compliance Status Report

REPORTING PERIOD: _____

REPORTING YEAR: _____

I. DEVELOPMENT INFORMATION

Development Number: _____ Development Name: _____

II. OCCUPANCY SUMMARY DATA

Federal Minimum Set Aside: 40/60 20/50 State Set Aside: 15/30 20/50 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 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: Separate Individual Projects Part of a Multiple Building Project¹ Both¹

Total No. of Units: _____ Total Occupied Low-Income (LI) Units²: _____ Total No. of Vacant LI Units: _____

Total No. of Empty Units: _____ Total No. of Staff Units: _____ Total No. of Market Units: _____

III. SPECIAL NEEDS ACKNOWLEDGEMENT

Please specify the target population that the development 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 in accordance with the QAP and applicable HTC application.

Name of Service/Class	Frequency of Services

OWNER ACKNOWLEDGEMENT AND CERTIFICATION

I hereby certify that the above information is true and accurate.

Owner Contact Name (Print): _____ Prepared by: _____

Owner Signature: _____ Date: _____

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