RETURN TO MHC NO LATER THAN ONE-WEEK PRIOR TO THE SCHEDULED AUDIT DATE

HTC Monitoring Acknowledgement Form

The Mississippi Home Corporation audits and/or inspection divisions for the State of Mississippi, will be conducting an on-site records review of the development and property listed below. Please submit the completed Monitoring Acknowledgment form to: Mississippi Home Corporation at compliance.htc@mshc.com (for file audits) and physical.inspections@mshc.com (for inspections) no later than **7 DAYS BEFORE THE AUDIT**.

Development/Property Name:		**On-Site Review Date:**	
Property Address:		**City/State/Zip:**	

ATTN: AUDITS & MONITORING DIVISION

NOTE: *Please complete a separate form for each HTC property notified in the scheduling letter.*

Property Name:		**Owner:**	
Property Address:		**City/Town:**	
Date of Audit/Inspection:		**Time of Audit/Inspection:**	

Individual to Contact for Monitoring / Compliance

Name:		**Phone:**	
Title:		**Email:**	

Location Preferred for On-Site Record Review

(This can be at the property or at another location where the records are kept.)

Name of Location:	
Street Address:	
City/Town:	

Directions to Property

(Use additional sheets if necessary.)

The undersigned hereby acknowledges receipt of the notification of audit and/or inspection for the referenced development as referenced above. The undersigned further acknowledges that they are authorized to execute this document as an agent for owner, if the signature executed below is not that of the owner. Failure to execute and return this acknowledgment does not cancel the scheduled review, but does signify a noted deficiency for the referenced review as an instance of noncompliance.

Signature of Owner / Auth. Representative *Owner / Auth. Representative Printed Name* *Date*

Records Review Pre-Audit Questionnaire

This questionnaire asks for information regarding the development, the compliance status and general practices. Please remit the completed form and all supporting documents to the compliance officer/inspector at the scheduled inspection. *(See attached.)*

Please update the following information and/or complete where blank.

Section I. Development Information

Development Name:		**Development Number:**	
Ownership Entity Name:		**Ownership Entity Tax ID #:**	
Ownership Contact Person:		**Email Address:**	
Management Company:		**Management Co. Tax ID #:**	
Management Co. Contact Person:		**Email Address:**	
Onsite Manager:		**Date of Hire:**	

Section II. Unit Summary

Total # of Units:		**Total # of Vacant Units:**		**Length (mos.) of Oldest Vacancy:**	
Total # of Buildings:		**Total # of Units per Building:**			
# of Units with:	**1BR: ____2BR: ____ 3BR: ____ 4BR: ____5BR: ___**				
Total # of Staff Units:		**Unit # of Staff Unit(s):**		**Date Staff Unit(s) Approved:**	

Section III. Program Compliance Questions — Check All That Apply

1.	What is the development's federal minimum set aside? (check only one)	☐ 20/50 ☐ 40/60 ☐ AIT (Average Income Testing)
2.	What is the development's deeper income targeting set aside?	☐ N/A ☐ 30% of AMI ☐ 50% of AMI If applicable, indicate number of units designated & attach MHC log: ___
3.	Did the owner elect 100% low-income use?	☐ No ☐ Yes
4.	Did the owner elect to provide housing for units over 60% of AMI?	☐ No ☐ Yes If yes: ☐ 61–80% of AMI ☐ >80% of AMI ☐ <80% of AMI
5.	Does the development have additional funding sources? (Check all that apply)	☐ N/A ☐ RHS ☐ HUD ☐ Tax Exempt Bond ☐ Other: _____
6.	Is the development designated for elderly use?	☐ No ☐ Yes (☐ 55+ or ☐ 62+) # of Units: _____

7.	Is there a portion of units set aside for special needs housing? If applicable, indicate number of units designated & attach MHC Special Needs Population Log.	☐ No ☐ Yes ☐ _____Veterans ☐_____ Persons with Disabilities ☐_____Disabled Persons targeted by MAOI
8.	Which income limits are applicable & in use at the development?	_____
9.	Is the development required to provide a utility allowance?	☐ No ☐ Yes Effective Date: _____If no, briefly describe why not:_____
10.	Does the development maintain/utilize a waiting list?	☐ No ☐ Yes (Attach a copy of the list.)
11.	Does the development have an application fee?	☐ No ☐ Yes If yes, cost: $_____ ☐ Per household ☐ Per Adult ☐ Other _____What costs does the application fee cover? _____
12.	Are there any charges required for occupancy?	☐ No ☐ Yes If yes, list and describe charges: _____
13.	Are there any staff units? Is the staff member occupying the common-area unit charged any rent?	☐ No ☐ Yes ☐ N/A If applicable, who is responsible for utilities in the staff unit? ☐ Staff ☐ Owner
14.	Does the development have a resident selection plan?	☐ No ☐ Yes (*Attach a copy*)
15.	Does the development utilize the recertification waiver?	☐ No ☐ Yes Date began: _____
16.	The buildings in the development are treated as:	☐ Individual projects ☐ Multiple building project (Attach MB statement) ☐ Both (Attach statement)
17.	Is the development required to provide community services in at least two areas as outlined in the development's HTC application?	☐ No ☐ Yes (Complete community services table in the next section.)
18.	Does the development accept tenant-based rental assistance (TBRA)?	☐ No ☐ Yes
19.	Does the development provide development-based rental assistance (DBRA)?	☐ N/A ☐ No ☐ Yes; If yes, type: ☐ RD ☐ Section 8 ☐ Owner Rental Assistance ☐ PHA Current # of assisted units: ____ Assistance term (yrs): ____ Min RA/unit: ____
20.	Was the development awarded credits under the non-profit set aside?	☐ No ☐ Yes If yes, name of non-profit or PHA: _____ Frequency of participation: ☐ Annually ☐ Quarterly ☐ Monthly ☐ Other ___ Describe extent of participation (attach sheets if needed): _____
21.	Is the development a single-family lease purchase (SFLP) property?	☐ No ☐ Yes
22.	Does the development have market rate units?	☐ No ☐ Yes (Attach a copy of unit designations.)
23.	If applicable, what was the date and status of the last Rural Development Supervisory Visit? (Attach copy of latest TF report and all corrective action submissions.)	Date: _____ Status: _____

Section IV. Community Service / Amenities Table

Please list the services/amenities promised in the HTC application. Indicate whether the service is still active, date of last meeting and any comments. ***Attach documentation of the services*** ***(MHC sign-in sheets, 3rd party contract(s) and/or MOUs, tenant notices, flyers and photos).*** For amenities, please indicate charges and amounts, if applicable.

Conducted Required Community Services	Active?	Date of Last Meeting	Comments

Amenities	Active?	Is there a charge?	If yes, indicate the amount
		☐ No ☐ Yes	$
		☐ No ☐ Yes	$
		☐ No ☐ Yes	$
		☐ No ☐ Yes	$
		☐ No ☐ Yes	$

Section V. Attachment Checklist

Required:	If Applicable:
☐ Utility Allowance	☐ Common Area Staff Unit Status Affidavit(s)
☐ Tenant Listing (Rent Roll Report)	☐ Multiple Building Project Statement
☐ Documentation of staff LIHTC Training	☐ Deeper Income Targeting Log
☐ Property Primary Point of Contact (PPOC) — Executed by Owner	☐ Owner Rental Assisted Units Listing
☐ Any/all applicable MOUs	☐ Mixed Income Designation Listing
	☐ Non-Smoking Policy & documents (if applicable, 2026+)
	☐ Non-Profit Participation Agreement
	☐ RD Supervisory Report & Status Letter
	☐ RD Compliance Letter
	☐ Waiting List
	☐ Community Services — all documentation
	☐ Contractual Agreements for community service providers

Certification Statement

I, _____, as the owner or representative hereby, acknowledge that the information provided above is true and accurate.

Signature of Owner / Auth. Representative *Owner / Auth. Representative Printed Name* *Date*