MHC

MISSISSIPPI HOME CORPORATION

Property Primary Point of Contact Form

PPOC | Paper Version

This form is to be executed by the owner of record with MHC for the referenced development.
Be sure to complete all required fields.
Once completed, upload via COL and please send notification of submission to compliance.htc@mshc.com.
*Use this paper version when applicable outside of the AOC Report process. Fields marked * are required. Type into the fields on screen, or print and complete by hand prior to execution.*

PROPERTY INFORMATION

Please select a reason for completion from the drop-down menu and attach additional documentation as applicable.

Reason for Completion * *Select one*

Effective Date * *MM/DD/YYYY*

Property Name *

LIHTC Project Number (as issued by MHC) *

Property Phone # *

Property Address *

Onsite Manager *

Onsite Manager Direct Phone # *

Onsite Manager Email *

OWNER INFORMATION

Effective Date *MM/DD/YYYY*

Ownership Entity Tax ID # *(Attach SS-4)* *

Ownership Entity Name *

Ownership Entity Mailing Address *

Ownership Entity Managing Member Name (Enter the name of the managing member, NOT compliance contact) *

Ownership Entity Primary Contact Number (Enter the contact number for the managing member) *

Ownership Entity Primary Contact (Managing Member) Cell # *

Ownership Entity (Managing Member) Contact Email *

MANAGEMENT COMPANY INFORMATION

Effective Date *MM/DD/YYYY*

MGMT Entity Name *

MGMT Entity Tax ID # *(Attach SS-4)* *

MGMT Mailing Address *

MGMT Principal Member Name *

MGMT Company Principal Member Email *

MGMT Primary COMPLIANCE Contact *

MGMT Contact Title/Capacity *

MGMT Contact Phone # *

GENERAL PARTNER INFORMATION

Effective Date *MM/DD/YYYY*

General Partner Tax ID # *(Attach SS-4)*: *

General Partner Name *

Partner 1 - Ownership Percentage *

General Partner Email *

General Partner Mailing Address *

General Partner Managing Member (Primary Point of Contact) Name: *

NON-PROFIT INFORMATION

Effective Date *MM/DD/YYYY*

Non-Profit Tax ID Number *(Attach SS-4)*: *

Non-Profit Primary Contact Phone: *

Non-Profit Entity Mailing Address: *

Non-Profit Primary Point of Contact: *

Non-Profit Primary Title/Capacity: *

Non-Profit Primary Contact Email: *

Additional Partners (if applicable)

Partner 2 - Person/Entity

Partner 2 - Title/Capacity

Partner 2 - Ownership Percentage *

Partner 2 - Tax ID # *(Attach SS-4)*

Partner 2 - Email

Partner 3 - Person/Entity

Partner 3 - Title/Capacity

Partner 3 - Ownership Percentage

Partner 3 - Tax ID # *(Attach SS-4)*

Partner 3 - Email

DESIGNATION OF AN AUTHORIZED SIGNATORY (OPTIONAL)

The person(s) listed here will be allowed to sign standard compliance audit reports on behalf of the ownership entity listed above. The owner of record on file with MHC will remain the person responsible for executing annual certification reports and other essential compliance documents. MHC must be in receipt of the official records confirming the authorization (e.g. Bylaws, Operating Agreement, Minutes, Certificates of Resolution, Etc.)

*** Required if a designee is listed in this section.*

Effective Date ** *MM/DD/YYYY*

Person/Entity **

Title **

Contact Number **

Tax ID Number *(Attach SS-4)* **

Ownership Percentage **

SIGNATURE

Printed Name *

Title *

Signature *

Completion date * *MM/DD/YYYY*

REQUIRED ATTACHMENTS CHECKLIST (AS APPLICABLE)

- [ ] SS-4s for confirmation of all Tax ID numbers
- [ ] Ownership Schematic for Ownership Entities
- [ ] Executed Management Agreement
- [ ] Bylaws, Operating Agreement, Minutes, Certificates of Resolution, Etc. (for Authorized Signatory Designations)

Note: In addition to the owner of record, the PPOC is the primary contact for MHC for all communication.