



**Mississippi Home Corporation**  
**Compliance Monitoring**  
**Payment Processing Form**

**COMPLETE THIS FORM AND SUBMIT IT WITH YOUR PAYMENT**

*(If a single check/money order is submitted in satisfaction of several developments/invoices, complete one form for each development. Indicate amount paid per development. Mark the split payment box, where applicable.)*

**DEVELOPMENT INFORMATION:**

Development Name: \_\_\_\_\_  
 Development Number: \_\_\_\_\_  
 Submitted by: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**METHOD OF PAYMENT:**

	Reference No.	Invoice No.	Split Payment	Project No.
<input type="checkbox"/> Check:	_____	_____	<input type="checkbox"/>	_____
<input type="checkbox"/> Money Order:	_____	_____	<input type="checkbox"/>	_____
<input type="checkbox"/> Other:	_____	_____	<input type="checkbox"/>	_____

**FEE:**

Fee Type	Description	Rate	Qty	Total
<input type="checkbox"/> Annual Administrative	Administrative fee during extended use period (Yr. 16 & beyond)	\$20/LI Unit*		
<input type="checkbox"/> Occupancy Report Processing	Manual Processing fee of submitted documents (Occupancy Report)	\$40/LI Unit		
<input type="checkbox"/> Late Submission	Fee for late submission of requested paperwork	\$100/day late		
<b>GRAND TOTAL:</b>				<b>\$</b>

\*RHS only \$10/unit

**Remit Payment(s) to:**

Mississippi Home Corporation  
 Compliance Monitoring Division  
 735 Riverside Drive  
 Jackson MS 39202

**\*\*\*For MHC Internal Use Only\*\*\***

Date payment received: \_\_\_\_\_  Late No. of days:

Billed Amount: \$ \_\_\_\_\_

Invoice Balance: \$ \_\_\_\_\_

Processing Staff: \_\_\_\_\_

[Image of Payment]