



**SAMPLE DOCUMENT — NOT FOR EXECUTION**

## **MEMORANDUM OF UNDERSTANDING**

### Placement of Tenants under the **Mississippi Affirmative Olmstead Initiative (MAOI)**

Between

**[LIHTC Property Owner/Management Entity] and [Continuum of Care Agency Name]**

Coordination of tenant placement in units committed to the **Mississippi Affirmative Olmstead Initiative “MAOI”** in {Name of city, county, or geography served by **[LIHTC Property Name]** “Property”.

For purposes of meeting the requirements of **[LIHTC Property Owner/Management Entity]** “Owner” pursuant to its award of low-income housing tax credits from Mississippi Home Corporation (“MHC”), Owner and **[Continuum of Care Agency Name]** “Agency” agree to the following:

#### **Responsibilities of Owner**

1. Maintain Property to Housing Quality Standards (“**HQS**”) Inspection (Form HUD-52580).
2. Execute the Property standard Lease Agreement with CHOICE tenant.
3. Maintain current vacancy information in [www.MSHousingSearch.org](http://www.MSHousingSearch.org) and identify any special accommodative features of the units for the population to be served. When registering the Property in MSHousingSearch.org, the Owner will complete the section on the “Special Needs Populations: (private) page,” and checking at least the “Mental Health Consumer” option.
4. Undertake continuous marketing efforts to maintain occupancy by tenants eligible under the MAOI. Upon vacancy of any unit, and if Property has not filled its target number of MAOI units, the Owner will put forth the same marketing efforts towards the next available unit.
5. Identify Property Point of Contact (“**Property POC**”) for matters dealing with Agency, the local Community Mental Health Center (CMHC) and MHC.
6. Maintain a copy of this agreement, including amendments showing date of amendment, on site available for inspection by MHC.
7. Ensure the Property POC meets the following obligations:
  - 1) Establish contact with Agency and notify the Agency of changes in the property POC.
  - 2) Respond to inquiries and requests for assistance received from Agency regarding prospective or current CHOICE tenants.
  - 7) With respect to incidents/grievances involving CHOICE tenant that risk tenant’s continued occupancy of the unit:
    - a) Report any situation that is not a medical or mental health emergency to Agency as soon as possible, but no longer than 24 hours, after the incident if it cannot be resolved through normal property management procedures. This can include behaviors disruptive to other tenants or which may be cause for eviction under the lease agreement; and
    - b) If situation is a medical or mental health emergency call 911.



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**Responsibilities of Agency**

1. Refer individuals eligible under the MAOI to Property.
2. Monitor rental unit availability through [www.mshousingsearch.com](http://www.mshousingsearch.com), and contact with Property.
3. Help MAOI eligible renter select suitable unit.
  - a. Contact Property POC to schedule showings of rental units;
  - b. Schedule housing interviews for consumers and assist with the rental application process, including signing lease agreements;
  - c. Document that the unit meets HQSs as defined by CHOICE Program requirements.
  - d. Access funds through CHOICE for tenant move-in costs not covered by project-based rental assistance or other funding available from Owner.
  - e. Assist tenant in locating or acquiring furniture and appliances if necessary through the Mississippi CHOICE program or from other resources.
4. Once the MAOI tenant is housed:
  - a. Maintain regular contact with the Tenant for **[Number of Months]**, verify occupancy and progress in moving toward self-sufficiency;
  - b. Coordinate services with appropriate mental health services providers in a community-based setting appropriate to the individual's needs;
  - c. When MAOI tenant reaches identified outcome goals or exit the Program, close out file in MAOI reporting system (Homeless Management Information System).

*This memorandum of understanding may be modified by written agreement between both parties and attached as an amendment.*

*The term of this memorandum of understanding is from the date of approval by the Mississippi Department of Mental Health and MHC for 12 months, as long as funding remains available to conduct the activities.*

**Signatures**

On behalf of  
**[Owner name]**

Printed Name

Title

On behalf of  
**[Agency name]**

Printed Name

Title



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Signature

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Signature

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