

MISSISSIPPI HOME CORPORATION

SPECIAL NEEDS POPULATION LOG

Development Name _____

Reporting Period: _____

Directions: In the spaces below, identify all households qualified for a special needs unit obligated by owner in the HTC application. Please use additional sheets as needed.

#	Resident's Name	Unit No.	Move-in Date	Move-out Date	Population Type (E= Elderly, D=Disabled, H=Homeless, V=Veterans, MAOI= Disabled Targeted by MS Affirmative Olmstead Initiative)
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