



MISSISSIPPI HOME CORPORATION
Housing Tax Credit (HTC)
Staff Unit Request/Change Form

Date: _____
Development Number: _____ Development Name: _____
Ownership Entity: _____

Type of Request: (choose one)
☐ Request a Common Area Staff Unit *(Please complete Part I only)*
☐ Change/Removal of a Common Area Staff Unit *(Please complete Part II only)*
(Please note a \$500.00 review fee applies for all changes.)

Part I: Request of Common Area Staff Unit

- 1) Type of Request (Choose One) ☐ Manager's Unit ☐ Maintenance Unit ☐ Security Unit
- a) Building Identification Number (BIN): _____ Unit #: _____
b) Number of bedrooms: _____ Square footage: _____
c) Employee Name: _____
d) Percentage of time referenced employee will dedicate to the referenced development: _____ %
e) Previous tax status of this unit: ☐ Previously claimed credits ☐ Never claimed credits
f) Has this unit previously been a revenue-producing unit? ☐ Yes ☐ No
- 2) Is there currently a manager's, maintenance, or security unit on site? ☐ Yes ☐ No
- a) If yes, how many and what type? _____
b) If yes, in what building(s)? BIN # _____
c) If yes, what unit number(s)? _____
- 3) Will the manager/ maintenance staff/ security officer be considered full-time? ☐ Yes ☐ No
- a) If yes, please define full-time. _____
b) If requesting a security unit, what will be the security officer's duties? _____
- 4) What is the reason for the Development modification, and how will the residents benefit from the inclusion of this staff unit?
Note: Supporting documentation must be submitted with the request.

- 5) Will the requested unit(s) be charged rent? ☐ Yes ☐ No
- 6) Will the requested unit(s) be charged utilities? ☐ Yes ☐ No

Part II: Change/ Removal of Common Area Staff Unit

- 1) Indicate the type of request:
☐ Change staff unit location or occupant
☐ Convert staff unit to low-income unit
- 2) Indicate the location and occupant of the **current** Staff Unit:
- a) ☐ Manager's Unit ☐ Maintenance Unit ☐ Security Unit
b) Building Identification Number (BIN): _____ Unit #: _____
c) Number of bedrooms: _____ Square footage: _____
d) Employee Name: _____
- 3) If requesting a change in staff unit, please complete the following:
- a) ☐ Manager's Unit ☐ Maintenance Unit ☐ Security Unit
b) Building Identification Number (BIN): _____ Unit #: _____
c) Number of bedrooms: _____ Square footage: _____
d) Employee Name: _____
- 4) If requesting to convert the staff unit to a low-income unit, please state the reason for the request:

Owner's Name (Printed)

Owner's Signature

Signature Date