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)*

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 provide definition of 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 type of request:
   ☐ Change staff unit location or occupant
   ☐ Convert staff unit to low-income unit *(Please note a $500.00 review fee applies.)*

2) Indicate location and occupant of ***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 staff unit to low-income unit, please state reason for request:
   _____
   _____
   _____

_____ _____ _____
Owner's Name (Printed) Owner's Signature Signature Date