



Certification Period: **From:** January 1, 20____ **To:** December 31, 20____
 Development Name: _____ Development Number: MS-_____

I, _____, the owner/ agent of the referenced development, hereby certify to the Mississippi Home Corporation that I have maintained the following special provisions relative to the requirements and obligations as outlined in Section 42 of the IRC, applicable Qualified Allocation Plan, governing Land Use Restriction Agreement and final HTC application:

Part I: Targeted Population	Yes	No*	N/A
1. Occupancy and rents have been further restricted beyond the federal minimum set aside and each household in the set aside has been qualified at a deeper income threshold than the federal minimum set aside (i.e. 30% or 50% of the AMGI).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The required percentage of households has been qualified at or above 61% of the AMGI as outlined for mixed-income developments in accordance with the governing QAP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. a. One hundred percent (100%) of the development’s units have been set aside for the elderly population that meet the requirements as defined by Rural Development or the Department of Housing and Urban Development (HUD) for elderly housing and accessibility for handicapped persons.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Policies, procedures, facilities and services have been provided and/or maintained to meet the physical or social needs of older persons or for persons meeting the Rural Development or Department of Housing and Urban Development’s definitions of elderly as outlined in the governing QAP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The required minimum number of units have been set aside and qualified for special-needs population (i.e. veterans or persons with disability). If applicable, attach <i>Special Needs Population Log</i> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part II: Development Characteristics

5. Community services have been provided and evidence of such (e.g. service log book or activity reports) has been maintained as agreed upon in the development’s final HTC application.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Significant amenities (i.e. business center, fitness center, etc.) have been provided and maintained as agreed upon in the development’s final HTC application.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The development has been maintained as a qualified single-family lease purchase project, including providing a lease purchase orientation manual, sample lease-purchase agreement, and/or homebuyer training, where applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Development-based rental assistance (DBRA) has been provided to at least fifty-one percent (51%) of the development’s units. <i>(Developments where DBRA is provided by the owner must complete the chart below illustrating the rental assistance provided throughout the certification period. Monthly financial statements, general ledgers, or ORA Lease Addendums for the period must also be attached.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Owner's Rental Assistance * Assistance Activity Log**

Month	Jan	Feb	Mar	Apr	May	June	Jul	Aug	Sept	Oct	Nov	Dec
# of Assisted Units												
Total amount of Credits provided	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

First Subsidy Payment Date: _____ **Total Amount of Credits/Assistance Provided:** _____

Do any of the above amounts contain arrearage for previous certification years? No Yes If yes, please a detailed explanation on page 2.

***NOTE:** For any questions marked “No”, please provide an explanation on page two (2) and attach support documentation, if applicable.
****NOTE 2:** If an owner has public housing authority, project-based Section 8 rental assistance, project-based vouchers or project-based annual contribution contract, please answer question #10 but do not complete the activity log.
*****NOTE 3:** Log should only be used for development-based rental assistance provided by the owner. It should not include public housing authority, tenant-based rental vouchers, project-based Section 8 rental assistance or project-based RD rental assistance.



Part III: Owner's Statement

I, the undersigned, as owner of the HTC development noted herein hereby certify under penalty of perjury that the information contained on this certification, including any attachments hereto, is true, correct and complete to the best of my knowledge.

 Signature of Ownership Entity

Printed Name: _____

Title: _____

Date: _____

STATE OF _____

COUNTY OF _____

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that _____ whose names(s) _____ signed to the foregoing instrument, and who (is) (are) known to me, acknowledged before me on this date that, being informed of the contents of this document, (he) (she) (they) executed the same voluntarily on the day the same bears date.

Given under my hand and official seal this _____ day of _____, 20 _____.

(Seal)

 Notary Public

My Commission Expires: _____

PLEASE EXPLAIN ANY ITEM(S) THAT WERE ANSWERED "NO" ON QUESTIONS 1-10 AND ATTACH SUPPORT DOCUMENTATION WHERE NEEDED.

Question #	Explanation