**MISSISSIPPI HOME CORPORATION**

**HOME PROJECT COMPLETION SCHEDULE**

**Grant Recipient:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Estimated Number of Units: Rehabilitation \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Manufacturer Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ACTIVITY** | **January** | **February** | **March** | **April** | **May** | **June** | **July** | **August** | **September** | **October** | **November** | **December** |
| **Environmental Clearance** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Special Conditions Clearance** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Property Standards Certification** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Notice to Proceed Issued** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Start of Construction****Activity** |  |  |  |  |  |  |  |  |  |  |  |  |
| **50% Complete** |  |  |  |  |  |  |  |  |  |  |  |  |
| **100% Complete** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Project Completion** |  |  |  |  |  |  |  |  |  |  |  |  |