



DEVELOPMENT EXPERIENCE FORM

Applicants must demonstrate their capacity and experience in developing housing similar to the proposed project.

PART I: GENERAL INFORMATION

Ownership

Ownership Entity:			
Business Address:			
Contact Person:			
Phone:		Email:	

General Partner(s)

General Partner 1:			
Principals:	Name: _____	Title: _____	% Interest: _____
Principals:	Name: _____	Title: _____	% Interest: _____
Principals:	Name: _____	Title: _____	% Interest: _____
Principals:	Name: _____	Title: _____	% Interest: _____
General Partner 2:			
Principals:	Name: _____	Title: _____	% Interest: _____
Principals:	Name: _____	Title: _____	% Interest: _____
Principals:	Name: _____	Title: _____	% Interest: _____
Principals:	Name: _____	Title: _____	% Interest: _____

PART II: CERTIFICATION AND AUTHORIZATION

The undersigned hereby certifies that all parties who are principals or who are proposed as principals here are listed above and no principals or identities of interest are concealed or omitted. Statements which I cannot certify have been deleted by striking through the words with a pen. I have initialed each deletion (if any) and have attached a true and accurate signed statement, if applicable, explaining the facts and circumstances which help qualify me as a responsible principal for participation in this development.

I certify that I am applying to the Mississippi Home Corporation (MHC) for approval to participate in the role and development listed above based upon my following previous participation record and this certificate. I certify that all the statements made by me are true, complete and correct to the best of my knowledge and belief and are made in good faith, including the data contained on page 2, under the penalties of perjury.

I acknowledge that federal funds may be used in connection with the development, and that these certifications will be relied on by MHC, its staff members and/or its employees except in its capacity in the development as indicated above and do not presently have any involvement with any decision-making process and am not presently in a position to gain inside information with respect to any activities assisted with federal funds.

I further certify that the organization's relevant experience, detailed on page 2 of this certification, contains a listing of every assisted or insured development of HUD, RD, MHC and other state and local government housing finance agencies in which I have been or am now a principal.

I certify for the period beginning three years prior to the date of this certification, and except as shown by me on the certificate, that:

- No mortgage on a development listed by me has ever been in default, assigned to the state or foreclosed. Nor has mortgage relief by the mortgagee been given;
- I have not experienced defaults or non-compliance under any HUD, RD, MHC and other state and local government housing finance agencies development;
- To the best of my knowledge, there are no unresolved findings raised as a result of HUD, RD or MHC audits, management reviews or other government investigations concerning me or my developments nor have I had one or more public (federal, state or local) developments terminated for cause of default;
- There has not been a suspension or termination of payments under any HUD, RD, MHC and other state and local government housing finance agency assistance contracts in which I have had a legal or beneficial interest attributable to my fault or negligence;
- I have not been convicted of or had a civil judgement rendered against me for commission for fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public transaction or contract, violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property and am not presently indicted for or otherwise criminally or civilly charged by a government entity (federal, state or local) with commission of any of the offense enumerated in this paragraph;
- I am not presently debarred, suspended, proposed for debarment or suspension, declared ineligible, or voluntarily excluded from any transactions or construction developments involving the use of federal funds or the Housing Tax Credit Program;
- I have not defaulted on an obligation covered by a surety or performance bond and have been the subject of a claim under an employee fidelity bond.

I certify that all the names of the parties, known to me to be principals in this development in which I proposed to participate, are listed above. I authorize MHC to obtain from and release to any source information regarding me and my experience relative to the developments detailed on Page 2 of this form.

Name of Qualified Principal Member: _____

Qualified Principal Member Signature: _____

Date: _____

PART III: PREVIOUS EXPERIENCE

Qualified Principal Member: _____

Affordable Housing Agency:

Agency Name:	
Address:	
Contact Person:	
Phone No.:	
Email Address:	

List of Qualified Developments:

List all affordable housing developments that the Qualified Principal Member has previous experience (as a project manager, developer or general partner) with the above referenced agency.							
Dev #	Development Name	Location	Dev Type	Construction Type	# Units	PIS Date	Principal Role
1							
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PART IV: AGENCY QUESTIONNAIRE

TO: _____

RE: _____

The above referenced individual has been listed as a General Partner Principal in a federal grants application with the Mississippi Home Corporation (MHC). Authorization has been provided on page one of this form for your agency to release to MHC information regarding your agency's experience with the Principal Member as it relates to the developments listed on page two of this form. Upon completion, please forward this form to the applicant for submission with the application.

HOUSING TAX CREDIT DEVELOPMENTS

To be completed by the HOUSING FINANCE AGENCY only.

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|---|--|------------------------------|-----------------------------|
| 1 | Has the principal member completed the HTC developments listed on page 2 of this form in a timely manner in accordance with Section 42 and your state's requirements? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2 | To your knowledge, are there any developments listed for your state, or developments that the applicant member failed to disclose, for which there is an outstanding major non-compliance issue?
<i>(If yes, please indicate below the development's name and give brief detail of noncompliance including months outstanding since notification.)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3 | Is the principal member eligible to do business with your agency in the next tax credit application cycle? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4 | Has the principal member been involved in a development(s) listed, or not disclosed, that previously received an allocation of tax credits but failed to (a) meet the requirements of the allocation and/or (b) fulfill any of the representation contained in the application for tax credits within the previous three years? <i>(This includes returning an allocation of tax credit to your Agency after the carryover agreement was signed, not placing a development in service, or debarment by your agency.)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Additional Comments:

HUD or RURAL DEVELOPMENT

To be completed by HUD or RURAL DEVELOPMENT only.

- | | | | |
|---|--|------------------------------|-----------------------------|
| 1 | Has the entity been in noncompliance with any of your program requirements or been disqualified from participation in any of your programs within the previous three years?
<i>If "Yes", then please explain below:</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|--|------------------------------|-----------------------------|

Agency Name: _____

By: _____
Authorized Representative Signature

Printed Name: _____

Phone Number: _____

Date: _____

Title: _____

Email: _____