MISSISSIPPI HOME CORPORATION
FEDERAL PROGRAMS

MANAGEMENT EXPERIENCE FORM

Applicants must demonstrate experience in managing at least one qualified development. The proposed management entity must have begun managing the development no later than the date established in the HOME or HTF Application Guide.

INSTRUCTIONS

1 Attach **ONE FORM PER AGENCY** under which the previous developments have been funded *(e.g. HUD, HFAs, or RD).*
2 Page 1: To be completed and signed by the APPLICANT.
3 Page 2: To be completed and signed by the proposed MANAGEMENT COMPANY. List all affordable housing developments **CURRENTLY MANAGED** by the management entity. Copy form as needed.
4 This form must be submitted with original signatures.

PART I: GENERAL INFORMATION

PROPOSED PROJECT

Project Name			
Project Location			
Project Type		No. of Units:	

APPLICANT/OWNERSHIP ENTITY

Applicant/Owner Name			
Mailing Address			
Contact Person		Title:	
Phone Number		Email:	

PROPOSED MANAGEMENT ENTITY

Management Entity Name			
Mailing Address			
Contact Person		Title:	
Phone Number		Email:	
HTC Certification	☐ HCCP ☐ C3P ☐ SHCM		

AFFORDABLE HOUSING AGENCY CONTACT INFORMATION

Type of Agency: ☐ HUD ☐ Rural Development ☐ Housing Finance Agency ☐ Other (Specify): _____

Agency Name			
Mailing Address			
Contact Person		Title:	
Phone Number		Email:	

ACKNOWLEDGED:

By: _____ Date: _____

Management Entity: ______________________________

PART II: AFFORDABLE HOUSING DEVELOPMENTS

List all affordable housing developments that the management company currently manages under the program administered by the agency referenced on page 1 of this form. This sheet may be copied as necessary.

Project No.	Project Name	Property Location	Construction Type	Number of Units	PIS Date	Management Start Date

PART III: CERTIFICATION AND AUTHORIZATION

The undersigned certifies that the developments listed on this form represent all of the affordable housing developments that are currently being managed by the management company and monitored by the Affordable Housing Agency ("Agency") listed on page 1. The undersigned also hereby authorizes the Agency to release to MHC information regarding the compliance of the management entity.

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By: ______________________________ Date: ____________________
Authorized Signature

Printed Name: ______________________________

Title: ______________________________