

Mississippi's Annual Affordable Housing Conference 2022

Cheers to 30 Years!

Beau Rivage Resort & Casino
Biloxi, MS
March 29-31



MISSISSIPPI HOME CORPORATION

2022 COMPLIANCE MONITORING UPDATES

MISSISSIPPI HOME CORPORATION

MARCH 31, 2022

2022

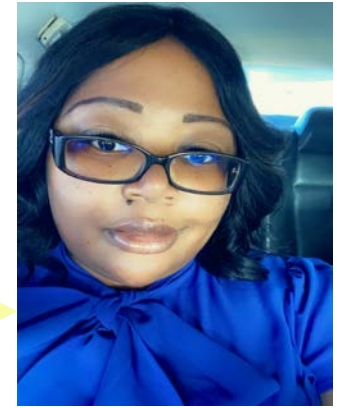
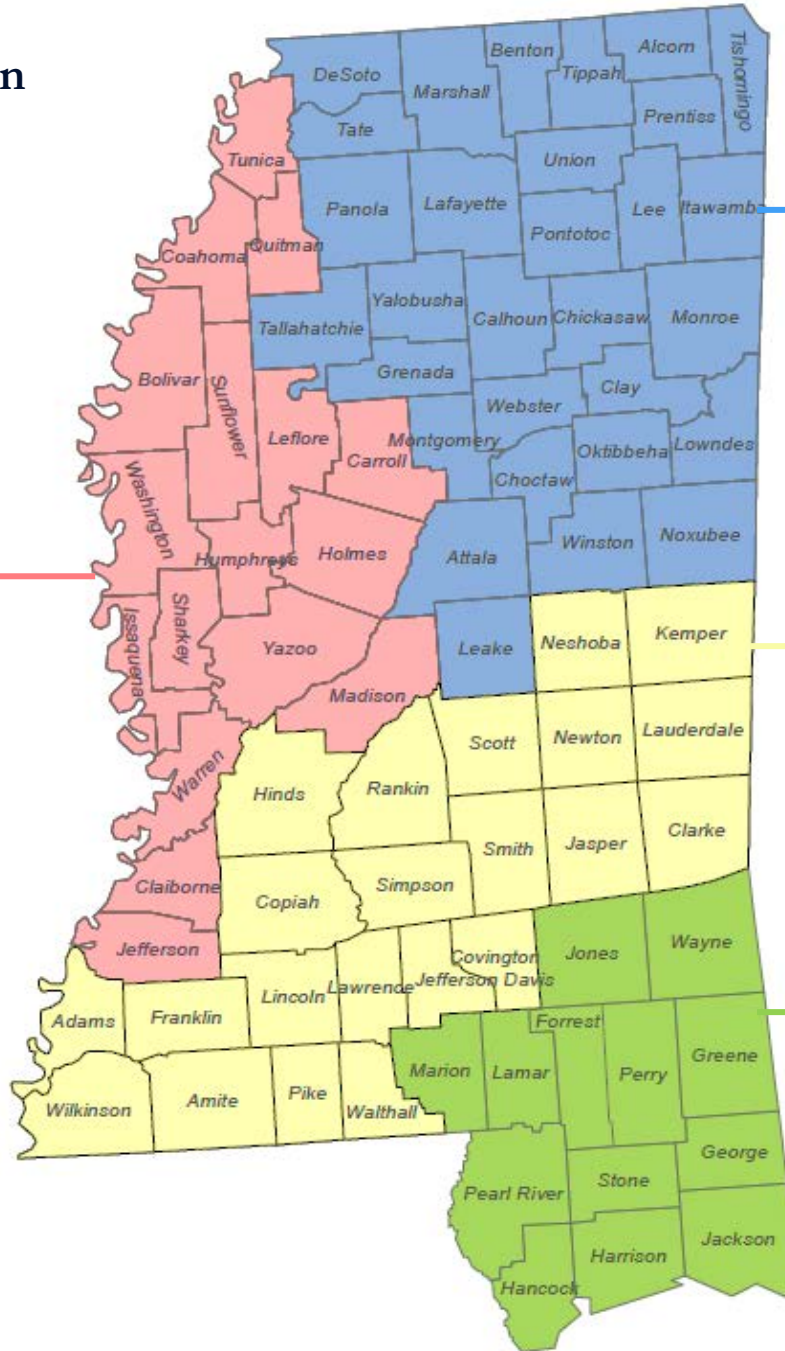
PORTFOLIO

TBD

Mississippi Home Corporation
Housing Tax Credit
Compliance Monitoring Staff
Effective March 2022



Sandraetta Rice
Compliance Officer



Berkima Harris
Compliance Officer



Shelisa Williams
Compliance Officer

UPDATES

EFFECTIVE May 1, 2022

Chapter 3: State Compliance Requirements

Chapter 3: State Requirements

Owner must agree to accept referrals from the Mississippi Olmstead Initiative referral network and execute memorandum of understanding between the owner, property manager, and the Community Mental Health Center serving the area under the MAOI for the period of the targeting agreement. Targeted households must have income of 30% or less of the area median income. Written documentation should be maintained in the resident's file.

Chapter 7: Compliance Reporting and Administrative Responsibilities

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Additionally, every five (5) years after, all on-site managers must show documentation of tax credit training conducted by MHC or an approved organization. Owner/management internal trainings and agency housing conferences, including MHC's annual housing conference are not acceptable.

FORMS



MISSISSIPPI HOME CORPORATION

Notice of General Partner/LLC Member/Property Management Change

Please indicate type of change.

General Partner(s) in Limited Partnership/Members in Limited Liability Company

Property Management Effective date of Change: _____

Project Number: _____

Project Name: _____

Project Address: _____

Old Information

Organization Name: _____

Tax I.D. Number: _____

Address: _____

Contact Person: _____

Telephone Number: _____

New Information

Organization Name: _____

Tax I.D. Number: _____

Address: _____

Contact Person: _____

Telephone Number: _____

Printed Name

Date

Signature

Title

NON-EMPLOYMENT AFFIDAVIT

To be completed by any adult household member, including emancipated minors, who claim non-employment status and/or income.

TENANT/APPLICANT: _____ UNIT NO: _____

DEVELOPMENT NAME: _____

DIRECTIONS: Section I and II must be completed by each adult household member. Please select all that applies.

Section I

- 1. I am not currently employed in any capacity and do not anticipate the change in my status.
- 2. I am not currently employed in any capacity; however, I anticipate becoming employed in the next 12 months. (Please check one)
 - A. I have been offered a position with _____ (employer) that will begin _____ (date)
 - B. I am seeking employment as a _____ (position) and I anticipate earning \$ _____ per _____ (frequency).

My anticipated income is supported by (check all that applies):

- Written confirmation from my new employer (Offer letter)
- Previous tax return
- Previous job pay stub/ salary history (If within the same industry)
- Three current employment advertisements showing average compensation for a similar position
- Other: _____

Section II

I attest that the following is true regarding benefits related to my unemployment: (Please check one)

- I am currently receiving unemployment benefits.
- I am not currently receiving but do anticipate receiving unemployment benefits or other benefits.
- I am not currently receiving and do not anticipate receiving unemployment benefits or other benefits.

Under penalty of perjury, I certify that the information presented in this affidavit is true and accurate to the best of my knowledge. I further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of my lease agreement.

Tenant/ Applicant Signature _____

Date _____

MISSISSIPPI HOME CORPORATION

Deeper Targeting Set-Aside Log

Project Name/Number:

Reporting Period:

Directions: In the spaces below, identify all households qualified for deeper income targeting set-aside as obligated by owner in the HTC application. Please use additional sheets as needed.

	Resident's Name	Unit Number	Move in Date	Move Out Date	Population Type	Deeper Targeting Set Aside
1					Select One ▾	Select One ▾
2					Select One ▾	Select One ▾
3					Select One ▾	Select One ▾
4					Select One ▾	Select One ▾
5					Select One ▾	Select One ▾
6					Select One ▾	Select One ▾
7					Select One ▾	Select One ▾
8					Select One ▾	Select One ▾
9					Select One ▾	Select One ▾
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12					Select One ▾	Select One ▾
13					Select One ▾	Select One ▾
14					Select One ▾	Select One ▾
15					Select One ▾	Select One ▾
16					Select One ▾	Select One ▾
17					Select One ▾	Select One ▾
18					Select One ▾	Select One ▾
19					Select One ▾	Select One ▾
20					Select One ▾	Select One ▾
21					Select One ▾	Select One ▾
22					Select One ▾	Select One ▾
23					Select One ▾	Select One ▾
24					Select One ▾	Select One ▾
25					Select One ▾	Select One ▾
26					Select One ▾	Select One ▾
27					Select One ▾	Select One ▾

MISSISSIPPI HOME CORPORATION

SPECIAL NEEDS POPULATION LOG

Project Name/Number:

Reporting Period:

Directions: In the spaces below, identify all households qualified for a special needs unit obligated by owner in the HTC application. Please use additional sheets as needed.

	Resident's Name	Unit Number	Move in Date	Move Out Date	Population Type	Deeper Targeting Set Aside for Special Needs
1					Select One ▾	Select One ▾
2					Select One ▾	Select One ▾
3					Select One ▾	Select One ▾
4					Select One ▾	Select One ▾
5					Select One ▾	Select One ▾
6					Select One ▾	Select One ▾
7					Select One ▾	Select One ▾
8					Select One ▾	Select One ▾
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25					Select One ▾	Select One ▾
26					Select One ▾	Select One ▾
27					Select One ▾	Select One ▾

Quarterly Compliance Status Report

REPORTING PERIOD: Jan. 1- March 31 April 1- June 30 July 1- Sept. 30 Oct. 1- Dec. 31 REPORT YEAR: _____

I. DEVELOPMENT INFORMATION

Development No.: _____ Development Name: _____

II. OCCUPANCY SUMMARY DATA

Federal Minimum Set Aside: 40/60 20/50 State Set Aside: 15/30 20/50 10/30

Total No. of Residential Buildings: _____ Targeted Applicable Fraction: _____

Date First Building Placed-In-Service: _____ Anticipated/ First Credit Year: _____

Are there buildings which will not begin its credits in the same "Anticipated/First Credit Year"? _____ If Yes, please identify the BINs and the anticipated credit year for each. _____

All buildings will be treated as: Separate Individual Projects Part of a Multiple Building Project¹ Both¹

Total No. of Units: _____ Total Occupied Low-Income (LI) Units: _____ Total No. of Vacant LI Units: _____

Total No. of Units: _____ Total Occupied Low-Income (LI) Units: _____ Total No. of Vacant LI Units: _____

Total No. of Empty Units: _____ Total No. of Staff Units: _____ Total No. of Market Units: _____

Total No. of Units Occupied by Veterans²: _____ Total No. of Units Occupied by Persons with Disabilities²: _____

Total No. of Units Occupied by Disabled Persons targeted by MAOI²: _____

Total No. of Units Occupied by Elderly³: _____

Date	Service Topic(s)	Organization Conducting Class	# of Participants

DEVELOPMENT BASED RENTAL ASSISTANCE (Provided through owner subsidy or public housing authority contract)

Required? Yes No Date of First Subsidy Payment: _____

Month: _____ No. of Units Assisted⁴: _____ Amount of Credit Provided: \$ _____

Month: _____ No. of Units Assisted⁴: _____ Amount of Credit Provided: \$ _____

Month: _____ No. of Units Assisted⁴: _____ Amount of Credit Provided: \$ _____

ACKNOWLEDGEMENT AND CERTIFICATION

I hereby certify that the above information is true and accurate.

1. Attach multiple building election statement identifying the buildings in each project. 2. Attach the Special Needs Population Log AND written documentation provided as proof. 3. Attach the Special Needs Population Log. 4. Attach ORA Lease Addendum

Rev. 03/22

STUDENT AND RENT DECLARATION

to be used in place of annual recertification process once a household has completed the initial certification process as required.

Effective Date: _____ Move-in Date: _____
 Development Name: _____ Building ID #: _____
 Household Name: _____ Unit #: _____ Unit Size: _____
 Unit Designation 50% 60%

PART I: STUDENT STATUS

Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth (MM/DD/YY)	Age	Student Status (Full-time, Part-time, No)
		HEAD			
Total # of HH Mbrs =					

Has your household composition changed resulting in the vacancy of all original members? Yes No

Does your household contain all full-time students who have attended an educational institution for five or more months during the current and/or upcoming calendar year (months need not be consecutive)? Yes No

If yes, please indicate student qualifying exception and attach documentation:

- TANF Assistance Job Training Program
 Single parent/dependent child Married/joint return
 Former Foster Care participant None of the above

I agree to notify management immediately if our household student status/household composition changes. I understand that changes in my household's student status/composition may affect my household's eligibility to participate in this program.

PART II: RENT

Effective Date	Tenant Paid Rent	Utility Allowance	Non-Optional Charges	Rental Assistance	Owner Rental Assistance	Gross Rent	Max. Rent Limit	Mgr and Tenant Initials*

**NOTE: Gross Rent changes supported by a HAP contract do not require manager or tenant initials.*

I hereby acknowledge that my net rent contribution has been reduced by the amount of the owner-based rental assistance.
 _____ (Please initial if applicable)

I certify under penalties of perjury that the above information is true and complete to the best of my knowledge and belief. I understand that false or incomplete income information is a violation of the terms of my lease and can be grounds for eviction.

Tenant's Signature: _____ Date: _____
 Tenant's Signature: _____ Date: _____
 Tenant's Signature: _____ Date: _____
 Tenant's Signature: _____ Date: _____
 Manager's Signature: _____ Date: _____

Stay Connected!

To receive text updates from
the MHC Compliance staff text
"COMPLIANCE" to 95577
(standard text messaging rates apply)

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Thank you

