



PROGRAM BULLETIN #17-1904

TO: Developers, Owners and Management Agents representing Owner's interest in Housing Tax Credit Developments

FROM: ^{RDC} Robert D. Collier, Senior Vice President of Program Compliance

DATE: April 19, 2017

SUBJECT: 2017 Housing Tax Credit Compliance Monitoring Requirements Updates

Attached please find information regarding changes affecting the Housing Tax Credit (HTC) Compliance Monitoring Program during the 2017 calendar year. The attached information was presented at our 2017 Affordable Housing Conference held recently on April 11th- 13th in Biloxi, Mississippi. The information noted on the document entitled "*Mississippi Home Corporation's 2017 Housing Tax Credit Compliance Monitoring Plan Summary of Updates*" is being forwarded to HTC developers, owners and management agents. Due to the important nature of the materials' content, we are forwarding to you a copy of the updated changes. All of the changes noted therein are outlined in detail in our 2017 Compliance Monitoring Plan. **Please note that the policies and procedures noted in release of the Compliance Monitoring Plan are effective May 1, 2017.** A copy of the updated Compliance Monitoring Plan can be downloaded from our website at www.mshc.com.

In addition, for your review, find attached the *2017 Compliance Planner*, which includes our training schedule. Our training classes are designed to assist you with HTC "Fundamentals," as well as maintaining compliance on a host of other HTC requirements. Hopefully this schedule will meet most, if not all, of your individual training needs. Please note the date and times listed therein are subject to change.

Upon your review of the attached information, should you have any questions, please contact the Compliance Monitoring Division at 601-718-4642 or compliance.htc@mshc.com.

Enclosures: 2016 HTC CMP Summary of Updates
Employment Verification
Certification of Tip Income
ORA Lease Addendum
2017 Compliance Planner
2017 Territory Map

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IMPORTANT NOTICE: Included in this publication is a summary of major changes and/or examples to the HTC Compliance Monitoring Plan. Minor updates, additions, clarifications, grammatical errors have not been identified in this summary.

COMPLIANCE MONITORING STAFF

New staff members added:

Wendy Crawford
Compliance Officer

Afi McDonald
Compliance Officer

GENERAL POLICIES AND PROCEDURES

Correspondence, page 14

When possible, all compliance correspondence will be remitted to owners and managers via email to the email addresses listed on file.

CHAPTER 3: STATE COMPLIANCE REQUIREMENTS

Tenant Community Services, page 44

Owners should notify its residents of all services at least two weeks in advance of the classes/services. Owners are required to submit copies of the notices to MHC via fax or emailed to compliance.htc@mshc.com.

CHAPTER 4: DETERMINING & DOCUMENTING ELIGIBILITY

Live in Aide, page 53

Due to the potential change in disability status, the need for a live-in aide should be acquired on an annual basis at recertification.

CHAPTER 5: INCOME & ASSET DETERMINATION AND RESPONSIBILITIES

Non-Employment Verification, page 78

Individuals applying to reside in an assisted living facility are exempt from this verification requirement. (MDES printouts)

CHAPTER 7: COMPLIANCE REPORTING AND ADMINISTRATIVE RESPONSIBILITIES

Compliance Briefings/Trainings, page 124

Every three (3) years, all owners and on-site managers must show documentation of tax credit training conducted by an approved organization or MHC. In the event of a change in on-site management/managing partner, the individual must acquire training within 120 days of the initial change.

FORMS

New: ORA Lease Addendum

Revised: 1) Certification of Tip Income
2) Employment Verification



EMPLOYMENT VERIFICATION

(The use of white out, black out, or alteration of original information will void this document.)

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

Project Name: _____ Unit ID: _____
Applicant/ Tenant: _____ SSN: _____

Employer:

Business Name: _____ Contact Person: _____
Address: _____ Phone: _____
City, State, Zip _____ Email: _____

I hereby authorize release of my employment information.

Signature of Applicant/Tenant Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Sincerely,

Project Owner/Management Agent

Return Form To:

THIS SECTION TO BE COMPLETED BY EMPLOYER

- Please use GROSS amounts and do not leave any fields blank; enter zero "0" or "N/A".
► Please provide an employe pay stub or pay history report when returning this completed form. ◀

Employee Name: _____ Job Title: _____ Employee is Independent Contractor W-2 Employee

Presently Employed: Yes No Date First Employed: _____ Last Day of Employment: _____

Current Wages: Hourly Salary \$ _____ Pay Frequency: Weekly Bi-weekly Semi-monthly Monthly

Average # of regular hours per week: _____ Pay Method: Cash Check Direct Deposit Other: _____

Year-to-date: \$ _____ from ___/___/___ through ___/___/___ Number of pay periods included in YTD earnings: _____

Overtime Rate: \$ _____ per hour Average # of overtime hours per week: _____

Shift Differential Rate: \$ _____ per hour Average # of shift differential hours per week: _____

Commissions \$ _____ Bonuses \$ _____ Tips \$ _____ Other: \$ _____ Frequency: Weekly Bi-weekly Semi-monthly
 Monthly Yearly Other _____

Are the commissions, bonuses, tips, and/or other compensation included in the Year-to- date earnings above? (circle one) Yes No

List any anticipated change in the employee's rate of pay within the next 12 months: _____; Effective date: _____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Is the employee eligible for unemployment during the layoff? Yes No

Additional remarks: _____

Employer Signature Employer Printed Name Employer's Position Title Date

Employer Name and Address

Phone Fax # Email

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

CERTIFICATION OF TIP INCOME

To be completed by any adult household member working in a service industry position where tip income is expected.

Household Name: _____ Unit No. _____

Development Name: _____

Effective Date: _____ Initial Certification Recertification

I, _____, understand that I have applied for occupancy at an Affordable Housing development governed by the rules of the Housing Tax Credit (HTC) program. I further understand that this Program requires me to certify all of my income, assets and eligibility information as part of determining my eligibility AND that my employment status has a direct impact on my eligibility.

I am currently employed as a _____ (position) for
_____ (employer).

- a. I do / do not receive tips or gratuities at this job.
- b. I average \$ _____ per day OR week in tips/gratuities received.
- c. All tips are/ are not reported to the employer.
- d. The average amount of unreported tips/gratuities received is \$ _____ per day OR week. This amount is / is not included in line b above.

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.

Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date

OWNER RENTAL SUBSIDY ADDENDUM TO LEASE AGREEMENT

This addendum is hereby made a part of the original Lease Agreement executed on _____ between _____ (Owner) and _____ (Tenant), dwelling unit # _____ for the premise known as _____.

The owner agrees to provide rental subsidy in the form of a direct rental credit against the Net Tenant Paid Rent in the sum of \$ _____ monthly on behalf of the Tenant subject to the terms and conditions contained herein resulting in a net tenant paid rent of \$ _____.

The Tenant(s) understand that his/her ability to an owner rental subsidy is because he/her reported and/or it has been verified that the household meets at least one of the following Owner Rental Subsidy Criteria: (select all that apply):

- Elderly Tenant(s) age 55 or older.
- Single-parent household with at least one minor child that resides in the unit
- Unsubsidized household with verified gross annual income at or below 50% of AMGI.
- OTHER: _____ Household meets owner-designated rental criterion/plan (Note: Evidence of need demonstrated based upon review of the LIHTC Eligibility paperwork.)

The owner will begin making rental subsidy payments/credits on behalf of the Tenant on _____ and will continue until _____. The Rental Subsidy payment/credit may end sooner than this date if:

- a. The household's gross annual income at recertification is determined to be at or above the allowable 60% of Area Median Income (AMGI) threshold;
- b. The Owner evicts the Tenant for (i) serious or repeated violation of the terms and conditions of the Lease or (ii) violation of federal, state or local law tin that imposes obligations on the Tenant in connection with the occupancy or use of the Dwelling Unit and the surrounding property; or
- c. The Owner's Rental Subsidy Obligatory period expires;
- d. The owner receives notice that the Lease has been terminated;
- e. Household fails to meet at least one of the Eligibility Criteria at any point during his/her tenancy to which the owner rental subsidy is provided;
- f. The household is deemed noncompliance for failure to comply in a timely manner to the Owner's request to complete the annual recertification.

OWNER

TENANT

Printed Name of Landlord

Printed Name of Tenant(s)

Signature of Owner/Authorized Agent

Signature of Tenant (Head/Co-Head)

Date Signed

Date Signed

2017

January

S	M	T	W	TH	F	S
1	2	3	4	5	6	7
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22	23	24	25	26	27	28
29	30	31				

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30						

May

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28	29	30	31			

June

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July

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23	24	25	26	27	28	29
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August

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September

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November

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December

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31						

MISSISSIPPI HOME CORPORATION COMPLIANCE PLANNER

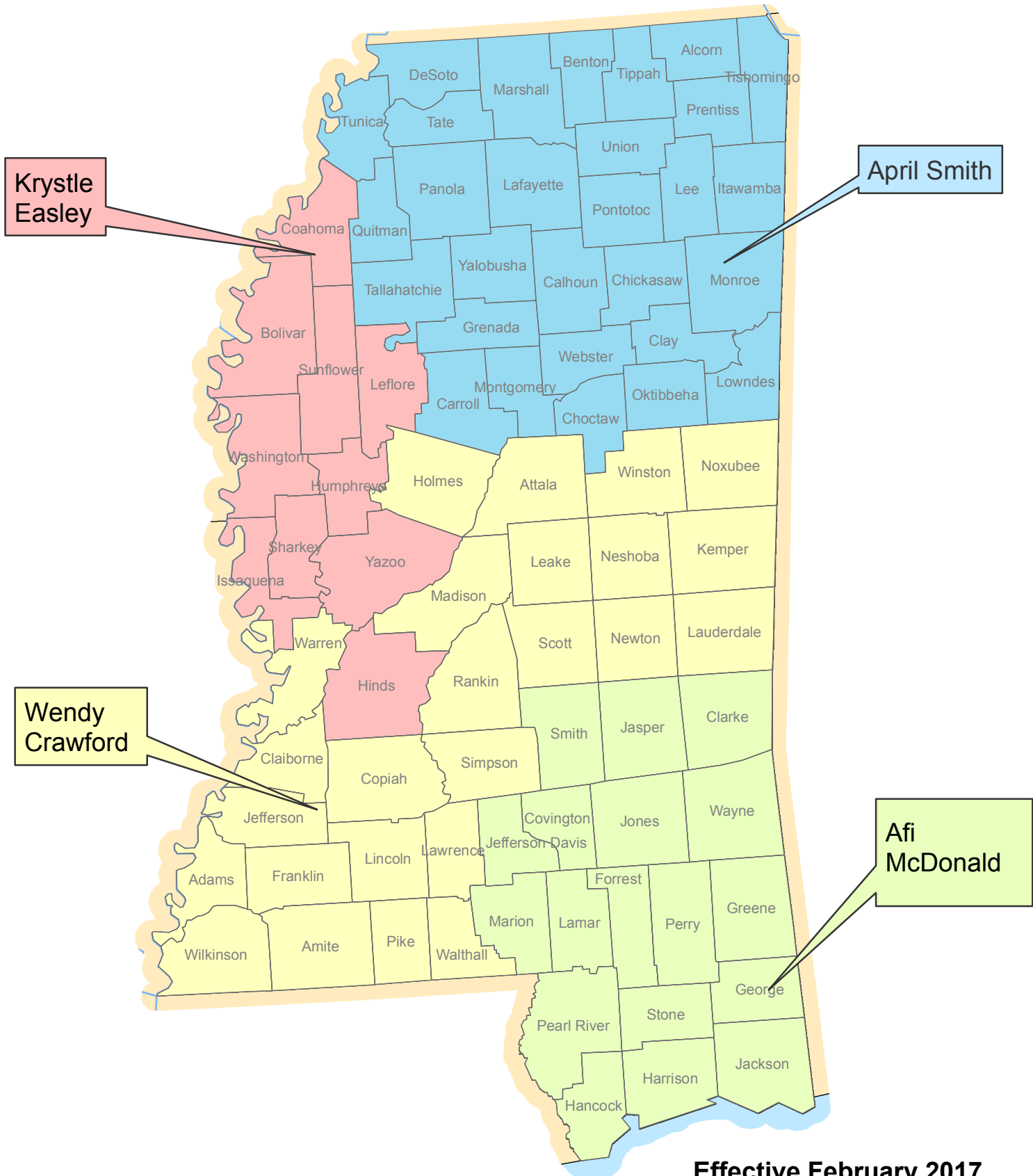
EVENT	DATE
First Quarter Occupancy Report Due	04.17
SAHMA State Meeting (Jackson, MS)	04.19- 04.21
Annual Owner Certification (AOC) Report Due	05.01
Spring/Summer Newsletter Distributed	05.26
Development Financial Analysis Report Class (Jackson, MS)	06.01
NCSHA Annual Housing Conference (Atlanta, GA)	06.20- 06.23
HTC Fundamentals (Senatobia, MS)	06.28- 06.29
Second Quarter Occupancy Report Due	07.17
HTC Fundamentals (Gulfport, MS)	08.16-17
Development Financial Analysis Report Due	08.31
Third Quarter Occupancy Report Due	10.16
HTC Fundamentals (Pearl, MS)	11.07- 11.08
Fall/Winter Newsletter Distributed	12.08

Note: Dates subject to change.

MISSION
POSSIBLE:
MAKE YOUR MARK



Mississippi Home Corporation Housing Tax Credit Monitoring Staff Tenant File Audits



Krystle Easley

April Smith

Wendy Crawford

Afi McDonald

Effective February 2017