

MANAGEMENT EXPERIENCE

Mississippi Home Corporation (MHC) gives point preference to applicants whose management company has demonstrated acceptable performance in the management of affordable housing units. Applicants may receive up to twenty (20) points based on the criterias listed in the Qualified Allocation Plan. MHC reserves the right to verify all information with the listed agency. MHC also requires developers to submit **executed** management company contracts with these forms.

1. Provide ONE FORM PER AFFORDABLE HOUSING ACENCY. 2. Page 1: To be completed and signed by the APPLICANT. 3. Page 2: To be completed and signed by the APPLICANT. 4. The completed formicy in must contain original signatures and must be placed in the SELECTION CNTERIA section of the application. PART I: GENERAL INFORMATION PROPOSED DEVELOPMENT DEVELOPMENT NAME REPORTIVE CASHON NUMBER OF UNITS CONTROL PRISON NUMBER OF UNITS CONTROL PRISON PROPOSED APPLICANT CONTROL PRISON PROPOSED MANAGEMENT ENTITY MALING ADDRESS CONTROL PRISON PROPOSED MANAGEMENT ENTITY ENTITY NAME MALING ADDRESS CONTROL PRISON PROPOSED MANAGEMENT ENTITY ENTITY NAME HICCORTISON OF CASHON HICCORTISON OF CASHON HICCORTISON OF CASHON PROPOSED MANAGEMENT ENTITY ENTITY NAME MALING ADDRESS CONTROL PRISON TITLE PHONE NUMBER ENTITLE PHONE NUMBER ENTITLE PHONE NUMBER ENTITLE PHONE NUMBER ENTITY NAME MALING ADDRESS CONTROL PRISON TITLE PHONE NUMBER ENTITLE PHONE NUMBER ENTITLE	INSTRUCTIONS										
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Authorized Signature of the Applicant	By:				Date:						

Management En	ntity:					
PART II: AFF	FORDABLE HOUSING DEVELO	DPMENTS	_			
List all affordable	housing developments monitored by the s. This sheet may be copied as necessary.	e agency that the management en	itity has been i	managing for	the last 3 years	and
Dev#	Development Name	Property Location	No. of Units	PIS Date	Management Start Date	Outstanding 8823s?
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The undersigned cer	ERTIFICATION AND AUTHORIZ tifies that the developments listed on this form ored by the Affordable Housing Agency ("Agency as of the management entity.	represent all of the affordable housing				
and compliance statu	s of the management entity.					
By: Authorized Sign	ature		Title:			
Printed Name:			Date:			