



MISSISSIPPI HOME CORPORATION

Notice of General Partner/ Management Change

Please indicate type of change.

☐ Partnership

☐ 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