

2017 HOUSING TAX CREDIT APPLICATION PACKAGE

TABLE OF CONTENTS

Development Name: _____

Ownership Entity: _____

Instructions:

- 1 Applications must be submitted in two separate green binders. Binders must be ACCO Binders Stock #25976 (*Dk Green*).
- 2 Each binder must be clearly marked with the Development's Name, Ownership Entity, and the Binder Number (*Binder I, Binder II*).
- 3 All documents must be binded with acco fasteners.
- 4 Documents must be submitted in the order indicated on the Table of Contents.
- 5 Supporting documents must be properly executed.
- 6 All items indexed must be tabbed and numbered accordingly.
- 7 All MHC *attachments* and *forms* must be submitted in its original format and include original signatures.
- 8 The application fee must be submitted in the form of a certified bank check or money order payable to MHC and attached to the Transmittal.
- 9 Actual copies of documents must be included where applicable in the Table of Contents. Do not put "See Section...." in lieu of copied documents.
- 10 Place a copy of the ENTIRE Table of Contents in both binders. The Table of Contents should be placed at the beginning of the binder on top of all supporting documentation.

APPLICATION CD

Must be included on the CD:

- 1 Application Form (Excel)
- 2 Market Study (PDF)
- 3 Organization Chart
- 4 Site Control documents

BINDER I

I. APPLICATION FEE

- 1 Original Application Fee with Check Transmittal (*Attachment 15*)
- 2 Copy of Application Fee with TWO copies of Check Transmittal (*Attachment 15*)

II. COPY OF DOCUMENTS

- 1 Copy of Initial Site Assessment Form (*Attachment 2*) with Photos of Site
- 2 Copy of Organization Documents for Ownership Entity and General Partner(s)

III. APPLICATION FORM

- 1 Applicant Rating Form - Form SC-1
- 2 Executed Original Application (*pages A1-A25 and signature page*)
- 3 Compliance Verification Letter (*see Section GPAG 1.3(2) of the 2017/2018 QAP*)
- 4 Development Pro Forma (*PF1-PF3*)

IV. FINANCIAL FEASIBILITY FORMS

- 1 Sources and Uses Statement - Form FF-1
- 2 Maximum Construction Cost (MCC) - Form FF-2 (*include MHC's approval, if applicable*)
- 3 Maximum Administrative Expense (MAE) Form FF-3 (*include justification for expenses, if applicable*)
- 4 Maximum Developer Profit Percentage (MDPP) - Form FF-4
- 5 Debt Service Underwriting Criteria - Form FF-5
- 6 Financial Feasibility Certification - Form FF-6

BINDER I (cont.)

V. REQUIRED DOCUMENTS (Addendum C)

- 1 Development Narrative
- 2 Development Plan of Action
- 3 Original Initial Site Assessment Form (Attachment 2) with Photos of Site
- 4 Organizational Documents
 - (a) Organization Chart
 - (b) Formation Documents for the Ownership Entity and General Partner Entity
 - (c) Certificate of Good Standing for the Ownership Entity and General Partner Entity
- 5 Construction Documents
 - (a) Construction Financing Letter
 - (b) Construction Contract
 - (c) Construction Certification Form (Attachment 3)
- 6 Letter of Conformance
- 7 Identity of Interest Statement (Attachment 12)
- 8 Maximum Credit Award Certification (Attachment 13)
- 9 Utility Allowance
- 10 Location Maps
- 11 Architect/Engineer Confirmation for Cable TV and Internet Access
- 12 Public Housing Waiting List Certification
- 13 Nonprofit Entities (if applicable)
 - (a) IRS documentation of IRC § 501(c)3 or 501(c)4 status
 - (b) Articles of Incorporation and Bylaws and all relative amendments
 - (c) Evidence that it or its officers or members have experience in developing or operating low-income housing
 - (d) The names of board members of the non-profit
 - (e) Attorney Opinion Letter
- 14 Acquisition/Rehabilitation Developments (if applicable)
 - (a) Physical Needs Assessment certified by a licensed Architect or Engineer (Attachment 4)
 - (b) Appraisal (documenting land value and improvements) from a certified appraiser
 - (c) Photos of the site
 - (d) A title opinion from an attorney documenting property ownership for the last ten years OR an approved waiver
 - (e) Relocation Plan (if applicable)
- 15 New Construction Developments (if applicable)
 - (a) Description of Materials (Attachment 5)
 - (b) Appraisal (documenting land value) from a certified appraiser
 - (c) Plans/Drawings from a licensed architect or engineer
- 16 Tax Exempt Bond Financed Developments (if applicable)
 - (a) An opinion letter from a Certified Public Accountant certifying that fifty percent (50%) or greater of aggregate basis will be financed by tax-exempt bonds.

BINDER II

VI. THRESHOLD FACTORS

- 1 COMMUNITY NOTIFICATION
 - (a) Local Government Notification Form (Form TR-1)
 - (b) Proof of Publication of the Notice of Intent to Apply for Housing Tax Credits
 - (c) Affidavit of Compliance with Community Notification (TR-2)
 - (d) Photo of Signage
 - (e) Written compilation of public comments (if applicable)
 - (f) Developer statement addressing any public concerns (if applicable)

VI. THRESHOLD FACTORS, cont.

- 2 SITE CONTROL
Evidence showing the ownership entity has control of the proposed site
- 3 LOCAL ZONING AND DEVELOPMENT CONDITIONS
Evidence of proper zoning or letter from local authorities and utility providers
- 4 MARKET STUDY
 - (a) Certification of Market Study Acceptance (Attachment 8)
 - (b) Market Study (*see Market Study Guide*)
 - (c) Market Study Addendum (Health Care Initiative) (*if applicable*)
- 5 DEVELOPMENT FINANCING
 - (a) Required Permanent Financing Documentation as outlined in Section 4.5 of the 2017/2018 QAP
 - (b) Copies of Proposed Budgets and Cash Flow Statements with Lender and Syndicator Acknowledgment
 - (c) Letter of Intent from Syndicator/Investor (Attachment 10)

VII. SELECTION CRITERIA (Addendum A)

- 1 CONTRIBUTES TO A CONCERTED REVITALIZATION PLAN
 - (a) Verification letter from city/county
 - (b) Relevant information from the revitalization plan (*if applicable*)
- 2 QUALIFIED ZIP CODE
Map from Dr. Mokry verifying property is located in a qualified zip code
- 3 NATURAL DISASTER AREA
Copy of Federal Notice from FEMA listing county as adversely affected by a major disaster
- 4 HIGH OPPORTUNITY AREA
Map from Dr. Mokry verifying property is located in a high opportunity area
- 5 NATIONAL GREEN BUILDING STANDARDS
 - (a) Letter of Intent from the Applicant
 - (b) Certification from the development's architect/engineer
 - (c) Written Proposal from an NGBC Verifier
- 6 NEW CONSTRUCTION OR REHABILITATION OF BLIGHT
 - (a) Determination of blight documented by one of the following
 - Letter from the Local Government Building Division, *or*
 - Letter stating the Local Government's policy and supportive documentation
 - (b) Photos of blight
 - (c) MHC Pre-approval Letter
- 7 DEVELOPMENT AMENITIES
 - (a) Copy of site layout plans/drawings or Physical Needs Assessment highlighting the amenities listed in the application
 - (b) Other Development Amenities Supporting Documentation (*as applicable*)
 - MOU for full-time or part-time Service Coordinator
 - Copy of Community Services Certification (Attachment 9) for developments providing Advanced Community Services
 - Photo of playground equipment and/or fitness center equipment
- 8 UNIT AMENITIES
 - (a) Copy of unit plans/drawings or Physical Needs Assessment highlighting the amenities listed in the application
 - (b) Copy of written policy and sample lease agreement for Smoke Free developments (*as applicable*)

BINDER II (cont.)

- 9 DEVELOPMENT TYPE
 - New Construction Developments
 - (a) Single Family Homes
Letter from architect stating that the development will consist of single family homes only and will have public access roads
 - (b) Lease Purchase Option for Tenants
A sample copy of the lease purchase agreement and, for attached homes, a sample condominium document
 - (c) Attached Homes
A sample copy of the condominium document
 - Acquisition/Rehabilitation Developments
 - (a) Substantial Rehabilitation Needed per Unit
Copy of page 4 of the Physical Needs Assessment
 - (b) Historic Developments
Documentation as outlined in Scoring Item #9(b) under Selection Criteria (Addendum A)
 - (c) Preservation
Documentation for the type of Preservation selected under Scoring Item #9(c) under Selection Criteria (Addendum A)
- 10 DEEPER TARGETING
Statement electing to set aside at least 15% of the units for persons at or below 30% of the AMI
- 11 LARGE FAMILY DEVELOPMENTS
Statement certifying that at least 25% of the units will be built as 3-bedroom units or greater
- 12 SPECIAL NEEDS HOUSING
 - (a) Statement from Applicant identifying which Special Need population the development will target
 - (b) Copy of the page of the market study that addresses the specialized need
 - (c) Marketing Plan
 - (d) Comprehensive Service Plan
 - (e) Other supporting documentation based on the Special Needs selected:
 - Statement that specifies the percentage of units to be set aside for Special Needs including any Bonus Pts elected.
 - Statement that specifies the Elderly age group that the development will target. (*Elderly Developments only.*)
 - Letters of Support from the nearest Veterans Administration Hospital/Clinic (*Veterans only*)
- 13 DEVELOPMENT EXPERIENCE
Original executed Development Experience Form (Attachment 6)
- 14 MANAGEMENT EXPERIENCE
 - (a) Management Agreement or Letter of Intent from Management Entity
 - (a) Original executed Management Experience Form (Attachment 7)
 - (b) HTC Certificate(s) (*if applicable*)
- 15 MAXIMUM CONSTRUCTION COST LIMITS
Copy of Maximum Construction Cost Form (FF-2)

VIII. OTHER ATTACHMENTS

<input type="checkbox"/> 1	
<input type="checkbox"/> 2	
<input type="checkbox"/> 3	
<input type="checkbox"/> 4	
<input type="checkbox"/> 5	
<input type="checkbox"/> 6	
<input type="checkbox"/> 7	
<input type="checkbox"/> 8	
<input type="checkbox"/> 9	
<input type="checkbox"/> 10	

INITIAL SITE ASSESSMENT FORM

DEVELOPMENT NAME		DEVELOPMENT TYPE	STRUCTURE TYPE
OWNERSHIP ENTITY	CONTACT PERSON	PHONE NUMBER	EMAIL ADDRESS
SITE LOCATION (ADDRESS)	COUNTY	GPS COORDINATES	
		Latitude	
		Longitude	

DIRECTIONS TO THE SITE
Provide detailed directions to the proposed site from Jackson, Mississippi. Please note that the site must be clearly marked and all boundaries of the physical site must be identified.

NEIGHBORHOOD
Describe the neighborhood where the site is located, noting other types of developments in the immediate area (e.g. residential, commercial, industrial). Discuss the suitability of the site for the proposed/existing development.

MHC USE ONLY

SITE CONDITIONS

Describe any existing structures (*shack, schoolhouse, mobile home, barn, etc*) or improvements on/near the site.

Are any structures on or adjacent to the proposed development in poor/dilapidated condition that will remain after completion of the proposed development? If yes, please explain.

Will the development involve rehabilitation, relocation, or demolition of any structure? If yes, please explain.

MHC USE ONLY

SITE CHARACTERISTICS

Site is near or contains the following:			If yes, how many miles away?	Noise Pollution?		MHC Use Only
Railroad Tracks	Y	N		Y	N	
Major Highway	Y	N		Y	N	
Airport	Y	N		Y	N	
Industrial Area	Y	N		Y	N	
Landfill	Y	N		Y	N	
Utility Substation	Y	N		Y	N	

NEIGHBORHOOD SERVICES

Type of Service	Within 1/2 Mile	Within 1 Mile	Within 2 Miles	Within 3 Miles	MHC Use Only
Grocery Store					
Pharmacy					
Bank or Credit Union					
Hospital or Medical Clinic					

OTHER SERVICES

Type of Service	Within 1/2 Mile	Within 1 Mile	Within 2 Miles	Within 3 Miles	MHC Use Only
Shopping Facilities					
Schools					
Parks and Recreational Facilities					
Police Station					
Fire Station					
Public Transportation					
Houses of Worship					
Other (<i>Specify</i>)					
Other (<i>Specify</i>)					
Other (<i>Specify</i>)					

PLEASE ATTACH PHOTOS OF SITE TO THIS FORM.

Prepared By: _____

Date: _____

Inspected By (MHC): _____

Date: _____



CONSTRUCTION CERTIFICATION FORM

Development Name: _____

Development Location: _____

The undersigned Architect/Engineer, General Contractor, and Ownership Entity for the above referenced development, hereby certify to the following:

1. The Drawings and Description of Materials or Physical Needs Assessment submitted with the application are in compliance with the Corporation's Design Quality Standards outlined in the 2017 Qualified Allocation Plan.
2. The proposed construction/rehabilitation and the plans will meet the applicable building code and permitting requirements of the local jurisdiction.
3. The site development will meet all federal, state, and local requirements.
4. The design will meet all applicable permit requirements of the local, state, and federal jurisdictions.

ARCHITECT/ENGINEER ACKNOWLEDGMENT

(Architect/Engineer Firm)

By: _____
(Signature)

Date: _____

Its: _____

License #: _____

WITNESS OF SIGNATURE

STATE OF _____

COUNTY OF _____

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ proved to me through satisfactory evidence of identification to be the person whose name is signed above in my presence.

Signature of Notary Public

Commission Expiration Date

GENERAL CONTRACTOR ACKNOWLEDGMENT

(General Contractor Company)

By: _____
(Signature)

Date: _____

Its: _____

License #: _____

WITNESS OF SIGNATURE

STATE OF _____

COUNTY OF _____

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ proved to me through satisfactory evidence of identification to be the person whose name is signed above in my presence.

Signature of Notary Public

Commission Expiration Date

OWNERSHIP ENTITY ACKNOWLEDGMENT

(Principal Member of Ownership Entity)

By: _____
(Signature)

Date: _____

Its: _____

WITNESS OF SIGNATURE

STATE OF _____

COUNTY OF _____

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ proved to me through satisfactory evidence of identification to be the person whose name is signed above in my presence.

Signature of Notary Public

Commission Expiration Date



PHYSICAL NEEDS ASSESSMENT

Name of Property: <input style="width: 90%;" type="text"/>	Architect/Engineer Firm: <input style="width: 90%;" type="text"/>
Address of Property: <input style="width: 90%;" type="text"/>	Total No. of Rehab Units: <input style="width: 50%;" type="text"/>

SITE			
SCOPE ITEM	Scope Description	Est Cost	Cost Per Unit
Landscaping/Sprinklers			
Drainage			
Fences/Walks/Retaining Walls			
Amenities/Pool/Playground			
Mailboxes (Group)			
Driveways & Parking			
Security			
Other - Site			
Subtotal (Site):		\$	- \$ -

BUILDING COMMON AREAS			
SCOPE ITEM	Scope Description	Est Cost	Cost Per Unit
Basement/Storage			
Laundry Rooms			
Central Boiler, Chiller, Pumps, Incinerator			
Elevator			
Security			
New Common Building			
Other			
Subtotal (Building Common Areas):		\$	- \$ -

BUILDING EXTERIOR			
SCOPE ITEM	Scope Description	Est Cost	Cost Per Unit
Foundations/Piers/Beams			
Balcony, Porch, Handrails, Steps			
Gutters & Downspouts			
Fire Escapes			
Paint			
Mailboxes (Individual)			
Garages & Carports			
Roofs, Dormers			
Fascia & Soffits			
Flashing, Eaves, Ventilators, Caps			
Chimneys			
Lighting			
Windows			
Doors (Exterior)			
Siding			
Patios			
Insulation			
Other			
Subtotal (Building Exterior) :		\$	- \$ -

BUILDING INTERIOR														
SCOPE ITEM	Apt. #	Apt. #	Apt. #	Apt. #	Apt. #	Apt. #	Apt. #	Apt. #	Apt. #	Apt. #	Apt. #	Scope Description	Est Cost	Cost Per Unit
Kitchen - Trim, Walls, & Ceilings														
Kitchen - Floor														
Kitchen - Sink & Plumbing														
Kitchen - Cabinets & Counters														
Kitchen - Stove & Refrigerator														
Kitchen - Other Appliances														
Kitchen - Electrical														
Kitchen - Other														
Bathroom - Trim Walls, & Ceilings														
Bathroom - Floor														
Bathroom - Wash Basin/Lavatory														
Bathroom - Toilet														
Bathroom - Tub														
Bathroom - Tub Surround														
Bathroom - Plumbing														
Bathroom - Electrical														
Bedrooms - Trim Walls, & Ceilings														
Bedrooms - Floor														
Bedrooms - Closet & Shelving														
General - Flooring														
General - Windows														
General - Walls & Ceiling														
General - Interior Doors & Hardware														
General - HVAC														
General - Lighting														
General - Fire Protection (Fire alarm, Fire extinguisher)														
General - Electrical														
General - Intercom System														
Other - Handicap Units														

Subtotal (Interior): \$ - \$ -

Interior Rehab Total: \$ - #DIV/0!

REHABILITATION COST

Total Rehabilitation Estimated Costs: \$ _____ -
 Cost Per Unit: #DIV/0!

REPORTS ASSESSMENT

Applicable Acquisition/Rehab Standard	Standard Met	Standard Not Met	Explanation
1. Hazardous material report testing for asbestos and lead based paint in the existing building. Plans and costs for removal are included.			
2. Report assessing the structural integrity of each building.			
3. Termite inspection report from a certified professional.			
4. Color photographs of exterior & interior of building.			

CERTIFICATION

I, the undersigned architect/engineer for the above-referenced development, hereby certify to the Mississippi Home Corporation (MHC) that all improvements for each building and each unit listed in the "Physical Needs Assessment" form are necessary to maintain a minimum of 15 years of affordable housing use. I further agree that, subsequent to this certification and prior to the final allocation of Housing Tax Credits, I will furnish a certification that all necessary improvements have been made according to the Physical Needs Assessment.

Architect/Engineer Firm

By: _____
 Printed Name: _____
 Date: _____
 License: _____

Acknowledgment of Applicant

Signature: _____
 Printed Name: _____
 Date: _____

DESCRIPTION OF MATERIALS

Development Name: _____
 Property Address: _____
 Ownership Entity: _____ Address: _____
 General Contractor: _____ Address: _____

INSTRUCTIONS

- | | |
|---|---|
| <p>1 Describe all materials and equipment to be used, whether or not shown on the drawings, by marking an "X" in each appropriated check-box and entering the information called for each space. If space is inadequate, enter "See misc." and describe under item 27 or an attached sheet. THE USE OF PAINT CONTAINING MORE THAN THE PERCENTAGE OF LEAD BY WEIGHT PERMITTED BY LAW IS PROHIBITED.</p> <p>2 Work not specifically described or shown will not be considered unless required, then the minimum acceptable will be assumed. Work exceeding minimum requirements cannot be considered unless specifically described.</p> | <p>3 Include no alternates, "or equal" phrases, or contradictory items. (Consideration of a request for acceptance of substitute materials or equipment is not thereby precluded.)</p> <p>4 Include signatures required at the end of this form.</p> <p>5 The construction shall be completed in compliance with the related drawings and specifications, as amended during processing. The specifications include this Description of Materials, the Design Quality Standards, and the applicable building code.</p> |
|---|---|

1 EXCAVATION

Bearing soil, type _____

2 FOUNDATIONS

Footings: concrete mix _____ strength psi _____ Reinforcing _____
 Foundation wall material _____ Reinforcing _____
 Interior foundation wall material _____ Party foundation wall _____
 Columns material and sizes _____ Piers material and reinforcing _____
 Girders material and sizes _____ Sills material _____
 Basement entrance areaway _____ Window areaways _____
 Waterproofing _____ Footing drains _____
 Termite protection _____
 Basement space ground cover _____ insulation _____ foundation vents _____
 Special foundations _____
 Additional Information: _____

3 CHIMNEYS

Material _____ Prefabricated (make and size) _____
 Flue lining material _____ Heater flue size _____ Fireplace flue size _____
 Vents (materials and size) gas or oil heater _____ water heater _____
 Additional Information: _____

4 FIREPLACES

Type: solid fuel | gas burning circulator (make and size) _____ Ash dump and clean-out _____
 Fireplace facing _____ lining _____ hearth _____ mantel _____
 Additional information: _____

5 EXTERIOR WALLS

Wood frame wood grade, and species _____ Corner bracing. Builder paper or felt _____
 Sheathing _____ thickness _____ width _____ solid spaced _____ o.c. diagonal _____
 Siding _____ grade _____ type _____ size _____ exposure _____ fastening _____
 Shingles _____ grade _____ type _____ size _____ exposure _____ fastening _____
 Stucco _____ thickness _____ Lath _____ weight _____ lb.
 Masonry veneer _____ Sills _____ Lintels _____ Base flashing _____
 Masonry solid aced | stuccoed total wall thickness _____ facing thickness _____ facing material _____
 Backup material _____ thickness _____ bonding _____
 Door sills _____ Window sills _____ Lintels _____ Base flashing _____
 Interior surfaces dampproofing _____ coats of _____ furring _____
 Additional Information: _____
 Exterior painting: material _____ number of coats _____
 Gable wall construction same as main walls other construction _____

6 FLOORING

Joists wood, grade, and species _____ other _____ bridging _____ anchors _____
 Concrete slab basement floor first floor ground supported self-supporting mix _____ thickness _____
 reinforcing _____ insulation _____ membrane _____
 Fill under slab material _____ thickness _____
 Additional information: _____

7 SUBFLOORING (Describe underflooring for special floors under item 21.)

Material grade and species _____ size _____ type _____
 Laid first floor second floor attic _____ sq. ft. diagonal right angles
 Additional information: _____

8 FINISH FLOORING (Wood only. Describe other finish flooring under item 21.)

Location	Rooms	Grade	Species	Thickness	Width	Bldg Paper	Finish
First floor							
Second floor							
Attic floor	sq ft						

Additional information: _____

9 PARTITION FRAMING

Studs wood, grade, and species _____ size and spacing _____ Other _____
 Additional information: _____

10 CEILING FRAMING

Joists wood, grade, and species _____ Other _____ Bridging _____
 Additional information: _____

11 ROOF FRAMING

Rafters wood, grade, and species _____ Roof trusses (see detail) grade and species _____
 Additional information: _____

12 ROOFING

Sheathing wood, grade, and species _____ solid spaced _____ o.c.
 Roofing _____ grade _____ size _____ type _____
 Underlay _____ weight or thickness _____ size _____ fastening _____
 Built-up roofing _____ number of plies _____ surfacing material _____
 Flashing: material _____ gage or weight _____ gravel stops snow guards
 Additional Information: _____

13 GUTTERS AND DOWNSPOUNTS

Gutters material _____ gage or weight _____ size _____ shape _____
 Downspouts material _____ gage or weight _____ size _____ shape _____ number _____
 Downspouts connected to Storm sewer sanitary sewer dry-well Splash blocks: material and size _____
 Additional Information: _____

14 LATH AND PLASTER

Lath walls ceilings material _____ weight or thickness _____ Plaster coats _____ finish _____
 Dry-wall walls ceilings material _____ thickness _____ finish _____
 Joint treatment _____

15 DECORATING (Paint, wallpaper, etc.)

Rooms	Wall finish material and application	Ceiling finish material and application
Kitchen		
Bath		
Other		

Additional information: _____

16 INTERIOR DOORS AND TRIM

Doors type _____ material _____ thickness _____
 Door trim type _____ material _____ Base type _____ material _____ size _____
 Finish doors _____ trim _____
 Other trim (item, type and location) _____
 Additional information: _____



17 WINDOWS

Windows type _____ make _____ material _____ sash thickness _____
 Glass grade _____ sash weights balances, type _____ head flashing _____
 Trim type _____ material _____ Paint _____ number coats _____
 Weatherstripping type _____ material _____ Storm sash, number _____
 Screens full half type _____ number _____ screen cloth material _____
 Basement windows type _____ material _____ screens, number _____ Storm sash, number _____
 Special windows _____
 Additional information: _____

18 ENTRANCES AND EXTERIOR DETAIL

Main entrance door material _____ width _____ thickness _____ Frame material _____ thickness _____
 Other entrance doors material _____ width _____ thickness _____ Frame material _____ thickness _____
 Head flashing _____ Weatherstripping type _____ saddles _____
 Screen doors thickness _____ number _____ screen cloth material _____ Storm doors thickness _____ number _____
 Combination storm and screen doors thickness _____ number _____ screen cloth material _____
 Shutters hinged fixed Railings _____ Attic louvers _____
 Exterior millwork grade and species _____ Paint _____ number of coats _____
 Additional information: _____

19 CABINETS AND INTERIOR DETAIL

Kitchen cabinets, wall units material _____ lineal feet of shelves _____ shelf width _____
 Base units material _____ counter top _____ edging _____
 Back and end splash _____ Finish of cabinets _____ number of coats _____
 Medicine cabinets make _____ model _____
 Other cabinets and built-in furniture _____
 Additional information: _____

20 STAIRS

STAIR	TREADS		RISERS		STRINGS		HANDRAIL		BALUSTERS	
	Material	Thickness	Material	Thickness	Material	Size	Material	Size	Material	Size
Basement										
Main										
Attic										

Disappearing make and model number _____
 Additional information: _____

21 SPECIAL FLOORS AND WAINSCOT (Describe carpet as listed in Certified Products Directory)

FLOORS	Location	Material, Color, Border, Sizes, Gage, etc.	Threshold Material	Wall Base Material	Underfloor Material
	Kitchen				
	Bath				
WAINSCOT	Location	Material, Color, Border, Sizes, Gage, etc.	Height	Height over Tub	Height in Showers (From Floor)
	Bath				

22 PLUMBING

Fixture	Number	Location	Make	MFR's Fixture Identification No.	Size	Color
Sink						
Lavatory						
Water Closet						
Bathtub						
Shower over Tub						
Stall shower						
Laundry trays						

Bathroom accessories Recessed material _____ number _____ Attached material _____ number _____
 Additional information: _____



Plumbing, cont.

Curtain rod Door Shower pan material _____

Water supply public community system individual (private) system* * Show and describe individual system in complete detail in separate drawings and specifications according to requirements.

Sewage disposal public community system individual (private) system* _____

House drain (inside) cast iron tile other _____ House sewer (outside) cast iron tile other _____

Water piping galvanized steel copper tubing other _____ Sill cocks, number _____

Domestic water heater type _____ make and model _____ heating capacity _____ gph. 100° rise

Storage tank material _____ capacity _____ gallons

Gas service utility company liq.pet. gas other _____ Gas piping cooking house heating

Footing drains connected to storm sewer sanitary sewer dry well Sump pump make and model _____

capacity _____ discharges into _____

Additional information: _____

23 HEATING

Hot Water Steam Vapor One-pipe system Two-pipe system

Radiators Convactor Baseboard radiator Make and model _____

Radiant panel floor wall ceiling Panel coil material _____

Circulator Return pump Make and model _____ capacity _____ gmp

Boiler make and model _____ Output _____ Btuh. net rating _____ Btuh.

Additional information: _____

Warm air Gravity Forced. Type of system _____

Duct material supply _____ return _____ Insulation _____ thickness _____ Outside air intake

Furnace: make and model _____ Input _____ Btuh. output _____ Btuh.

Additional information: _____

Space heater floor furnace wall heater Input _____ Btuh. output _____ Btuh. number units _____

Make, model _____

Additional information: _____

Controls make and types _____

Additional information: _____

Fuel: Coal oil gas liq. pet. Gas electric other _____ storage capacity _____

Additional information: _____

Firing equipment furnished separately Gas burner, conversion type Stoker hopper feed bin feed

Oil burner pressure atomizing aporizing _____

Make and model _____ Control _____

Additional information: _____

Electric heating system type _____ Input _____ watts @ _____ volts output _____ Btuh.

Additional information: _____

Ventilating equipment attic fan, make and model _____ capacity _____ cfm.

kitchen exhausts fan, make and model _____

Other heating, ventilating, or cooling equipment _____

Additional information: _____

24 ELECTRIC WIRING

Service overhead underground Panel fuse box circuit breaker make _____ AMPs _____ No. Circuits _____

Wiring conduit armored cable nonmetallic cable knob and tube other _____

Special outlets range water heater other _____

Doorbell Chimes Push-button locations _____ Additional information _____

Additional information: _____

25 LIGHTING FIXTURES

Total number of fixtures _____ Total allowance for fixtures, typical installation, \$ _____

Non-typical installation _____

Additional information: _____

26 INSULATION

Location	Thickness	Material, Type and Method of Installation	Vapor Barrier
Roof			
Ceiling			
Wall			
Floor			

27 MISCELLANEOUS Describe any main dwelling materials, equipment, or construction items not shown elsewhere; or use to provide additional information where the space provided was inadequate. Always reference by item number to correspond to numbering used on this form.)

HARDWARE (make, material, and finish) _____

SPECIAL EQUIPMENT (State material or make, model and quantity. Include only equipment and appliances which are acceptable by local law, custom and applicable FHA standards. Do not include items which, by established custom, are supplied by occupant and removed when he vacates the premises or chattels prohibited by law from becoming realty.) _____

PORCHES _____

TERRACES _____

GARAGES _____

WALK AND DRIVEWAYS

Driveway width _____ base material _____ thickness _____ surfacing material _____ thickness _____
 Front walk width _____ material _____ thickness _____ Service walk width _____ material _____ thickness _____
 Steps material _____ treads _____ risers _____ Cheek walls _____

OTHER ONSITE IMPROVEMENTS

(Specify all exterior onsite improvements not described elsewhere, including items such as unusual grading, drainage structures, retaining walls, fence, railings, and accessory structures.)

LANDSCAPING, PLANTING, AND FINISH GRADING:

Topsoil _____ thick front yard side yards rear yard to _____ feet behind main building
 Lawns (seeded, sodded, or sprigged) front yard _____ side yards _____ rear yard _____
 Planting as specified and shown on drawings as follows:
 _____ Shade trees deciduous _____ caliper _____ Evergreen trees _____ to _____ B & B
 _____ Low flowering trees deciduous _____ to _____ _____ Evergreen shrubs _____ to _____ B & B
 _____ High-growing shrubs, deciduous _____ to _____ _____ Vines, 2-year _____
 _____ Medium-growing shrubs, deciduous _____ to _____ _____
 _____ Low-growing shrubs, deciduous _____ to _____ _____
 Other: _____

IDENTIFICATION

I, the undersigned architect for the above-referenced development, hereby certify to the Mississippi Home Corporation (MHC) that all materials listed throughout this form are necessary to maintain a minimum of 15 years of affordable housing use. I further agree that, subsequent to this certification and prior to the final allocation of Housing Tax Credits, I will furnish a certification that all necessary improvements have been made.

Architect/Engineer Firm

By: _____

Its: _____

Date: _____

License: _____



DEVELOPMENT EXPERIENCE FORM

Mississippi Home Corporation (MHC) gives point preference to applicants whose general partnership principal has previous experience in the development of affordable housing units. Applicants may receive up to ten (10) points based on the number of developments that placed in service between 2007 and 2016. In addition, three points may be awarded if at least one qualifying housing development is located in the state of Mississippi. MHC reserves the right to verify all information.

PART I: GENERAL INFORMATION

Ownership

Ownership Entity:	<input style="width: 100%;" type="text"/>		
Business Address:	<input style="width: 100%;" type="text"/>		
Contact Person:	<input style="width: 100%;" type="text"/>		
Phone:	<input style="width: 40%;" type="text"/>	Email:	<input style="width: 40%;" type="text"/>

General Partner(s)

General Partner 1:	<input style="width: 100%;" type="text"/>		
Principals:	Name: <input style="width: 40%;" type="text"/>	Title: <input style="width: 20%;" type="text"/>	% Interest: <input style="width: 10%;" type="text"/>
Principals:	Name: <input style="width: 40%;" type="text"/>	Title: <input style="width: 20%;" type="text"/>	% Interest: <input style="width: 10%;" type="text"/>
Principals:	Name: <input style="width: 40%;" type="text"/>	Title: <input style="width: 20%;" type="text"/>	% Interest: <input style="width: 10%;" type="text"/>
Principals:	Name: <input style="width: 40%;" type="text"/>	Title: <input style="width: 20%;" type="text"/>	% Interest: <input style="width: 10%;" type="text"/>
General Partner 2:	<input style="width: 100%;" type="text"/>		
Principals:	Name: <input style="width: 40%;" type="text"/>	Title: <input style="width: 20%;" type="text"/>	% Interest: <input style="width: 10%;" type="text"/>
Principals:	Name: <input style="width: 40%;" type="text"/>	Title: <input style="width: 20%;" type="text"/>	% Interest: <input style="width: 10%;" type="text"/>
Principals:	Name: <input style="width: 40%;" type="text"/>	Title: <input style="width: 20%;" type="text"/>	% Interest: <input style="width: 10%;" type="text"/>
Principals:	Name: <input style="width: 40%;" type="text"/>	Title: <input style="width: 20%;" type="text"/>	% Interest: <input style="width: 10%;" type="text"/>

PART II: CERTIFICATION AND AUTHORIZATION

The undersigned hereby certifies that all parties who are principals or who are proposed as principals here are listed above and no principals or identities of interest are concealed or omitted. Statements which I cannot certify have been deleted by striking through the words with a pen. I have initialed each deletion (if any) and have attached a true and accurate signed statement, if applicable, explaining the facts and circumstances which help qualify me as a responsible principal for participation in this development.

I certify that I am applying to the Mississippi Home Corporation (MHC) for approval to participate in the role and development listed above based upon my following previous participation record and this certificate. I certify that all the statements made by me are true, complete and correct to the best of my knowledge and belief and are made in good faith, including the data contained on page 2, under the penalties of perjury.

I acknowledge that federal funds may be used in connection with the development, and that these certifications will be relied on by MHC, its staff members and/or its employees except in its capacity in the development as indicated above and do not presently have any involvement with any decision-making process and am not presently in a position to gain inside information with respect to any activities assisted with federal funds.

I further certify that the organization's relevant experience, detailed on page 2 of this certification, contains a listing of every assisted or insured development of HUD, RD, MHC and other state and local government housing finance agencies in which I have been or am now a principal.

I certify for the period beginning three years prior to the date of this certification, and except as shown by me on the certificate, that:

- a. No mortgage on a development listed by me has ever been in default, assigned to the state or foreclosed. Nor has mortgage relief by the mortgagee been given;
- b. I have not experienced defaults or non-compliance under any HUD, RD, MHC and other state and local government housing finance agencies development;
- c. To the best of my knowledge, there are no unresolved findings raised as a result of HUD, RD or MHC audits, management reviews or other government investigations concerning me or my developments nor have I had one or more public (federal, state or local) developments terminated for cause of default;
- d. There has not been a suspension or termination of payments under any HUD, RD, MHC and other state and local government housing finance agency assistance contracts in which I have had a legal or beneficial interest attributable to my fault or negligence;
- e. I have not been convicted of or had a civil judgement rendered against me for commission for fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public transaction or contract, violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property and am not presently indicted for or otherwise criminally or civilly charged by a government entity (federal, state or local) with commission of any of the offense enumerated in this paragraph;
- f. I am not presently debarred, suspended, proposed for debarment or suspension, declared ineligible, or voluntarily excluded from any transactions or construction developments involving the use of federal funds or the Housing Tax Credit Program;
- g. I have not defaulted on an obligation covered by a surety or performance bond and have been the subject of a claim under an employee fidelity bond.

I certify that all the names of the parties, known to me to be principals in this development in which I proposed to participate, are listed above. I authorize MHC to obtain from and release to any source information regarding me and my experience relative to the developments detailed on Page 2 of this form.

Name of Qualified Principal Member:	<input style="width: 75%;" type="text"/>
-------------------------------------	--

Qualified Principal Member Signature: _____

Date: _____

PART III: PREVIOUS EXPERIENCE

Qualified Principal Member: _____

Affordable Housing Agency:

Agency Name:	<input type="text"/>
Address:	<input type="text"/>
Contact Person:	<input type="text"/>
Phone No.:	<input type="text"/>
Email Address:	<input type="text"/>

List of Qualified Developments:

List all affordable housing developments that the Qualified Principal Member has previous experience (as a developer or general partner) with the above referenced agency which **PLACED IN SERVICE** between **2007 and 2016**.

Dev #	Development Name	Location	Dev Type	Construction Type	# Units	PIS Date	Principal Role
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
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18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34							
35							

PART IV: AGENCY QUESTIONNAIRE

TO: _____

RE: _____

The above referenced individual has been listed as a General Partner Principal in a housing tax credit application with the Mississippi Home Corporation (MHC). Authorization has been provided on page one of this form for your agency to release to MHC information regarding your agency's experience with the Principal Member as it relates to the developments listed on page two of this form. Upon completion, please forward this form to the applicant for submission with the application.

HOUSING TAX CREDIT DEVELOPMENTS

To be completed by the HOUSING FINANCE AGENCY only.

- 1 Has the principal member completed the HTC developments listed on page 2 of this form in a timely manner in accordance with Section 42 and your state's requirements? Yes No
- 2 To your knowledge, are there any developments listed for your state, or developments that the applicant member failed to disclose, for which there is an outstanding major non-compliance issue? Yes No
(If yes, please indicate below the development's name and give brief detail of noncompliance including months outstanding since notification.)
- 3 Is the principal member eligible to do business with your agency in the next tax credit application cycle? Yes No
- 4 Has the principal member been involved in a development(s) listed, or not disclosed, that previously received an allocation of tax credits but failed to (a) meet the requirements of the allocation and/or (b) fulfill any of the representation contained in the application for tax credits within the previous three years? *(This includes returning an allocation of tax credit to your Agency after the carryover agreement was signed, not placing a development in service, or debarment by your agency.)* Yes No

Additional Comments:

HUD or RURAL DEVELOPMENT

To be completed by HUD or RURAL DEVELOPMENT only.

- 1 Has the entity been in noncompliance with any of your program requirements or been disqualified from participation in any of your programs within the previous three years? Yes No
If "Yes", then please explain below:

Agency Name: _____

By: _____
Authorized Representative Signature

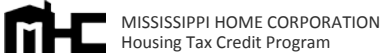
Date: _____

Printed Name: _____

Title: _____

Phone Number: _____

Email: _____



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.

INSTRUCTIONS

- 1 Provide **ONE FORM PER AFFORDABLE HOUSING AGENCY**.
- 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 monitored by the listed agency that the management entity has been managing prior to January 1, 2014 and currently manages.
- 4 The completed form(s) must contain original signatures and must be placed in the **SELECTION CRITERIA** section of the application.

PART I: GENERAL INFORMATION

PROPOSED DEVELOPMENT

DEVELOPMENT NAME			
PROPERTY LOCATION			
NUMBER OF UNITS		TARGET	

PROPOSED APPLICANT

OWNERSHIP ENTITY			
MAILING ADDRESS			
CONTACT PERSON		TITLE	
PHONE NUMBER		EMAIL	

PROPOSED MANAGEMENT ENTITY

ENTITY NAME			
MAILING ADDRESS			
CONTACT PERSON		TITLE	
PHONE NUMBER		EMAIL	
HTC CERTIFICATION	<input type="checkbox"/> HCCP	<input type="checkbox"/> C3P	<input type="checkbox"/> SHCM

AFFORDABLE HOUSING AGENCY

Enter the name and contact information of the affordable housing agency that the Proposed Management Entity has previously managed developments under. Provide a list of said developments on page 2 of this form.

TYPE OF AGENCY			
AGENCY NAME			
MAILING ADDRESS			
CONTACT PERSON		TITLE	
PHONE NUMBER		EMAIL	

Acknowledged by:

By: _____ Date: _____
Authorized Signature of the Applicant

Management Entity: _____

PART II: AFFORDABLE HOUSING DEVELOPMENTS

List all affordable housing developments monitored by the agency that the management entity has been managing **prior to January 1, 2014 and currently manages**. This sheet may be copied as necessary.

Dev #	Development Name	Property Location	No. of Units	PIS Date	Management Start Date	Outstanding 8823s?
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
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23						
24						
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31						
32						
33						
34						
35						

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 status of the management entity.

By: _____
 Authorized Signature

Title: _____

Printed Name: _____

Date: _____



CERTIFICATION OF MARKET STUDY ACCEPTANCE

Proposed Development Name _____

Proposed Development Location _____

This certificate is made pursuant to the provisions of the 20____ Qualified Allocation Plan.

The undersigned certify that the market study provided for the above listed development completed by _____ (Name of Market Analyst) of _____ (Name of Market Firm/Company) on _____ (date of Market Study) has been reviewed and is considered acceptable for the construction/rehabilitation and syndication of _____ (number of units) in _____ (city) located in the state of Mississippi. This certification is made to the Mississippi Home Corporation (MHC) for their purpose and use for the consideration of an allocation of Housing Tax Credits.

Syndicator/Investor Company

By: _____

Its: _____

Date: _____

STATE OF _____)

)

COUNTY OF _____)

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that _____ as _____ of _____ signed the foregoing instrument, and who is known to me, acknowledged before me on this date that, being informed of the contents of this document, he/she executed the same voluntarily on the day the same bears date.

Given under my hand and official seal this _____ day of _____, 20____.

Notary Public

My Commission Expires: _____

COMMUNITY SERVICE CERTIFICATION FORM

One form must be completed for every Community Service offered. MHC will give a 2 point preference to applicants whose developments have Advanced Community Services/Classes that are provided by a third party Service Provider. The below described service (or an approved comparable substitute service) must be provided for the entire compliance period. All services will be monitored during annual audits.

Development

Development Name			
Development Location			
Targeted Population		Number of Units	

Owner

Ownership Entity			
Mailing Address			
Contact Person		Title	
Phone Number		Email	

Service Provider

Provider Name			
Mailing Address			
Contact Person		Title	
Phone Number		Email	
Website			

Service Information

Type of Service			
Location of Service		If off-site, specify	
Frequency of Service		Length of Initial Term	
Annual Cost of Program	Developer Cost	Tenant Cost	

Description of Service *(Provide brochures, attachments, or additional information if applicable.)*

Certification

I hereby certify that the foregoing information is true and correct. Additionally, all information represented herein is supported by the attached contract.

SERVICE PROVIDER

By: _____

Its: _____

Date: _____

OWNER

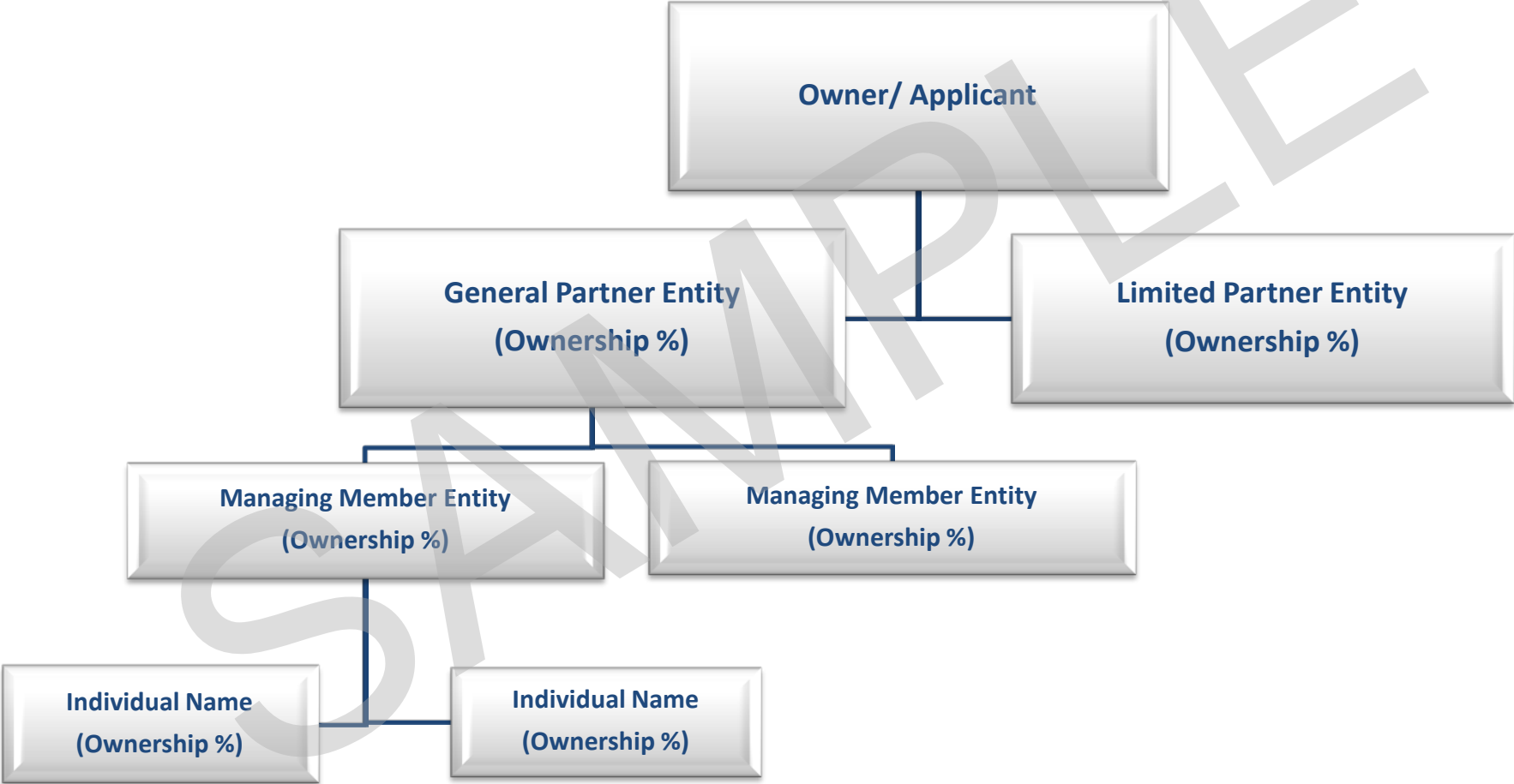
By: _____

Its: _____

Date: _____

Development Name: _____

DEVELOPMENT ORGANIZATIONAL CHART





IDENTITY OF INTEREST DISCLOSURE AND CERTIFICATION FORM

Proposed Development Name _____

Ownership Entity: _____

Pursuant to Section 1.7 of the 2017/2018 QUALIFIED ALLOCATION PLAN, the undersigned discloses any and all identities of interest for the above referenced development as follow:

DISCLOSURE

Does an Identity of Interest exist between any participants in this development?

YES NO

If yes, explain below *(provide additional paper if necessary)*:

CERTIFICATION

The undersigned hereby certify under penalty of law that the information submitted is true and correct. The undersigned understands that failure to disclose any Identity of Interest will subject the Owner/Applicant and members of the Development Team to the penalties outlined in Section 1.8(2) of the 2017/2018 Qualified Allocation Plan. The undersigned further agrees to complete an Identity of Interest and Certification Form if at any time there is a change that results in an Identity of Interest being formed.

Owner/Applicant

By: _____

Its: _____

Date: _____



MAXIMUM CREDIT AWARD CERTIFICATION 2017 APPLICATION CYCLE

Development Name: _____

Development Location: _____

Pursuant to Section 1.6(3) of the 2017/2018 Qualified Allocation Plan (QAP), MHC shall limit the eligibility of the award of housing tax credits for any owner, developer, general partner, affiliate, guarantor, principal or any other related party receiving an economic interest from the development, the owner and/or the developer to a maximum of 25% of the total credits reserved or allocated. Failure to comply will subject the development team to penalties outlined in GPAG Section 1.8(2) of the QAP.

The undersigned Developer(s), General Partner Principal Member(s), Guarantor(s), Affiliate(s) or any other Related Party(ies) of the proposed development, hereby certify that they are in compliance with the requirements outlined in Section 1.6(3) of the 2017/2018 Qualification Plan.

DEVELOPER ACKNOWLEDGMENT

(Developer Entity Name)

(Principal Member Name)

(Signature) Date

(Principal Member Name)

(Signature) Date

GENERAL PARTNER ACKNOWLEDGMENT

(General Partner Entity)

By: _____
(Principal Member Name)

(Signature) Date

By: _____
(Principal Member Name)

(Signature) Date

By: _____
(Principal Member Name)

(Signature) Date

By: _____
(Principal Member Name)

(Signature) Date

GUARANTOR ACKNOWLEDGMENT

(Guarantor Name)

(Signature) Date

(Guarantor Name)

(Signature) Date

(Guarantor Name)

(Signature) Date

(Guarantor Name)

(Signature) Date

OTHER AFFILIATES/RELATED PARTIES ACKNOWLEDGMENT

(Name)

(Signature) Date

(Name)

(Signature) Date

(Name)

(Signature) Date

(Name)

(Signature) Date

(Name)

(Signature) Date

(Name)

(Signature) Date

(Name)

(Signature) Date

(Name)

(Signature) Date

(Name)

(Signature) Date

(Name)

(Signature) Date

(Name)

(Signature) Date

[Reserved for
Sample
MEMORANDUM OF UNDERSTANDING
between
Owner, Property Manager, and the
Community Mental Health Center]

MHC HOUSING TAX CREDIT PROGRAM
CHECK TRANSMITTAL

Date: _____

TO: Mississippi Home Corporation
 Attn: HTC Allocations Department
 735 Riverside Drive, Jackson, MS 39202

RE: Development Number: _____
 Development Name: _____
 Ownership Entity: _____

The attached fee(s) are being submitted to MHC for the following item(s) listed below:

Amount Submitted: \$ _____

Payment Type: _____

Check #: _____

- Type of Fee:
- Application Binder
 - Application Fee (9% Applications)
 - Application Fee (TEB Developments)
 - Reservation Fee
 - Commitment Fee
 - TEB Servicing Fee
 - 50% Completion Penalty Fee
 - Signage Penalty Fee
 - Late/Non-Response Fee
 - Subsequent Site Visit Fee
 - 8609 Reprocessing Fee
 - HUD Subsidy Layering Review Fee
 - Other: _____

Submitted by: _____

Phone Number: _____

MHC USE ONLY	
Date Received:	
Received By:	