

MHC Housing Tax Credit Program  
2010 QUALIFIED ALLOCATION PLAN

**Application Package Table of Contents**

Ownership Entity:	
Development Name:	
Application Date:	

Instructions:

- 1 Applications must be submitted in three separate green binders. Binders may be purchased from MHC.
- 2 Documents must be binded with acco fasteners.
- 3 Documents must be submitted in the order indicated on this form.
- 4 All items indexed must be tabbed and numbered accordingly.
- 5 Supporting documents must be properly executed and submitted on the same color paper as shown in the 2010 QAP.
- 6 All MHC *attachments* and *forms* must be submitted in its original format and include original signatures.
- 7 The application fee (\$1,050) must be submitted in the form of a cashier's check or money order payable to MHC and must accompany the application.

**Binder I: APPLICATION**

**I. Application Fee**

<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Original cashier's check or money order payable to MHC for the HTC application fee.</li> <li>• Copy of cashier's check or money order for the HTC application fee.</li> </ul>
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**II. Required Documents Placement**

<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Developer Capacity Statement (see <i>Attachment 12</i>)</li> <li>• Applicant Rating Form (SC-1)</li> <li>• Threshold Requirements Checklist and Certification (Form TR-1)</li> <li>• Development Pro Forma (PF1-PF3)</li> <li>• Maximum Construction Cost (MCC) Calculation (Form FF-1)</li> <li>• Sources and Uses Statement (Form FF-2)</li> <li>• Maximum Administrative Expense (MAE) Calculation (Form FF-3)</li> <li>• Maximum Developer Profit Percentage (MDPP) Calculation (Form FF-4)</li> <li>• Debt Service Underwriting Criteria (Form FF-5)</li> <li>• Financial Feasibility Certification (Form FF-6)</li> <li>• Initial Site Assessment Form (Attachment 2)</li> </ul>
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**III. Application Form**

<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Application (pages A1-A25 and signature page)</li> <li>• Required Documents Checklist and Certification</li> </ul>
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## Binder II: SELECTION CRITERIA AND THRESHOLD FACTORS

## IV. Selection Criteria

<input type="checkbox"/>	<b>Election of 20%/&gt; of the units at 50% AMI for 40 years or longer</b> <i>Statement electing to set aside at least 20% of the units for persons at or below 50% of the AMI.</i>
<input type="checkbox"/>	<b>Extended Use for 40 Years or longer</b> <i>Commitment to extend compliance period to forty (40) years or longer.</i>
<input type="checkbox"/>	<b>Development Location</b> <i>Documentation of County in which Development is located in. (Maps and Attachment 2)</i>
<input type="checkbox"/>	<b>Three or More Bedrooms (Large Family)</b> <i>Documentation of targeting large families - At least 25 % of the units are three bedroom or greater.</i>
<input type="checkbox"/>	<b>Significant Community Services</b> <i>Community Services Contracts or Agreements executed by both parties.</i>
<input type="checkbox"/>	<b>Significant Amenities</b> <i>Documentation of Significant Amenities to be offered (must be highlighted on plans / drawings).</i>
<input type="checkbox"/>	<b>Additional Amenities</b> <i>Documentation of Additional Amenities to be offered (must be highlighted on plans / drawings).</i>
<input type="checkbox"/>	<b>Preserves existing low income housing units</b> <i>Documentation of default and endangerment of foreclosure from permanent financing agency.</i>
<input type="checkbox"/>	<b>Development-Based Rental Assistance</b> <i>Documentation evidencing the type of rental assistance to be provided. See page 24 of 2010 QAP.</i>
<input type="checkbox"/>	<b>Tenant-Based Rental Assistance</b> <i>Evidence from Housing Authority indicating Section 8 Vouchers or certificates are available in development area.</i>
<input type="checkbox"/>	<b>Application Workshop</b> <i>Certificate of attendance by a principal member of the ownership entity or general partner entity.</i>
<input type="checkbox"/>	<b>Development Experience</b> <i>Attachment 6 (must have original signatures)</i>
<input type="checkbox"/>	<b>Management Experience</b> <i>Attachment 7 (must have original signatures)</i>
<input type="checkbox"/>	<b>Single Family Lease Purchase Development</b> <i>Copy of orientation manual.</i>
<input type="checkbox"/>	<b>QCT or DDA and contributes to a concerted revitalization plan</b> <input type="checkbox"/> (a) Evidence (as outlined on page 26 of the 2010 QAP) that site is located in a QCT or DDA <input type="checkbox"/> (b) Evidence that the development will contribute to a concerted revitalization plan or letter of support.
<input type="checkbox"/>	<b>Preservation, Hope VI, or Historic development.</b> <i>Letter from MDAH (Historic Development)</i>
<input type="checkbox"/>	<b>Elderly Development</b> <input type="checkbox"/> (a) Statement certifying that 100% of the units will be set aside for the elderly population as defined on page 27 of the 2010 QAP. <input type="checkbox"/> (b) Copy of Policies and Procedures Manual which demonstrate intent to provide housing to the sixty-two (62) or older age group. <input type="checkbox"/> (c) Statement identifying the significant facilities and services to be provided.
<input type="checkbox"/>	<b>Mixed-Income Developments</b> <i>Statement certifying that at least 20% percent of the units will serve tenants with income between (60%) and (80%) percent of AMI and 20% percent of the units will serve market rate tenants.</i>
<input type="checkbox"/>	<b>Preservation Revolving Loan Fund</b> <i>Copy of financial commitment letter.</i>
<input type="checkbox"/>	<b>Quality Enhancements</b> <input type="checkbox"/> (a) Certified letter from the development's architect/engineer. <input type="checkbox"/> (b) Copy of plans/drawings highlighting all Quality Enhancement items to be provided.

## V. Threshold Factors

<input type="checkbox"/>	<p><b>Community Notification</b></p> <p><u>Part 1:</u> <i>(Please note that all items under Part 1 are incurable.)</i></p> <p><input type="checkbox"/> (a) Public Hearing Notification to MHC</p> <p><input type="checkbox"/> (b) Signage Photo</p> <p><input type="checkbox"/> (c) Site Assessment</p> <p><u>Part 2:</u></p> <p><input type="checkbox"/> (d) Proof of Publication</p> <p><input type="checkbox"/> (e) Copy of Actual Notice</p> <p><input type="checkbox"/> (f) Acknowledgement of Notice of Public Hearing (Form TR-2)</p> <p><input type="checkbox"/> (g) Minutes of Public Hearing</p> <p><input type="checkbox"/> (h) Attendance Roster from Public Hearing</p> <p><input type="checkbox"/> (i) Written compilation of comments from the public hearing</p> <p><input type="checkbox"/> (j) Developer's statement responding to comments from the public hearing</p> <p><input type="checkbox"/> (k) Affidavit of Compliance with Community Notification (Form TR-3)</p>
<input type="checkbox"/>	<p><b>Site Control</b></p> <p><input type="checkbox"/> (a) Evidence showing the ownership entity has control of the proposed site.</p> <p><input type="checkbox"/> (b) Copy of Business Structure (outlining the principal members of the Ownership entity)</p> <p><input type="checkbox"/> (c) Certificate of Partnership / Corporation for Ownership Entity</p> <p><input type="checkbox"/> (d) Certificate of Partnership / Corporation for General Partner Entity</p>
<input type="checkbox"/>	<p><b>Local Zoning &amp; Development Conditions</b></p> <p><i>Evidence of proper zoning or letter from local authorities and utility providers.</i></p>
<input type="checkbox"/>	<p><b>Documentation of Need</b></p> <p><input type="checkbox"/> (a) Market Study (See Market Study Guide)</p> <p><input type="checkbox"/> (b) Certification of Market Study Acceptance (Attachment 8)</p>
<input type="checkbox"/>	<p><b>Permanent Financing Commitment</b></p> <p><input type="checkbox"/> (a) Permanent Financing Commitment letter and/or required documentation from HUD/RD as outlined on pages 34-35 of the 2010 QAP.</p> <p><input type="checkbox"/> (b) Documentation to support any Additional Sources of Funds.</p>

*(Remainder of page intentionally left blank.)*

## Binder III: REQUIRED DOCUMENTS

## VI. Required Documents

The following documents are required for ALL developments:

<input type="checkbox"/>	<b>Development Narrative</b> <i>A written narrative of the development describing the development, parties involved, financing utilized, proposed tax credit use, and the construction/development completion schedule.</i>
<input type="checkbox"/>	<b>Development Plan of Action</b> <i>A detailed development timeline must be provided.</i>
<input type="checkbox"/>	<b>Organizational Documents</b> <input type="checkbox"/> (a) Certificate of Partnership or Corporation from the State of Mississippi or certificate to do business in the State of Mississippi for the Ownership Entity. <input type="checkbox"/> (b) Certificate of Partnership or Corporation from the State of Mississippi or certificate to do business in the State of Mississippi for the General Partner Entity. <input type="checkbox"/> (c) Articles of Incorporation for the Ownership Entity.
<input type="checkbox"/>	<b>Nonprofit Status</b> <input type="checkbox"/> (a) Copy of 501(c)(3) status letter <input type="checkbox"/> (b) Articles of Corporation for Nonprofit Entity. <input type="checkbox"/> (c) Opinion Letter from Attorney verifying (1) non-profit status and (2) that there is no affiliation or ownership by a for <input type="checkbox"/> (d) Certification of nonprofit ownership percentage.
<input type="checkbox"/>	<b>Letter of Conformance</b> <i>Letter of Conformance with the State of Mississippi or applicable Public Jurisdiction's Consolidated Plan.</i>
<input type="checkbox"/>	<b>Identity of Interest</b> <i>Statement of disclosure regarding Identity of Interests, i.e., buyer/seller or developer/builder</i>
<input type="checkbox"/>	<b>Budget and Cash Flow Statements</b> <input type="checkbox"/> (a) Copies of proposed budgets and cash flow statements submitted to the lender. <input type="checkbox"/> (b) Letter from the lender acknowledging receipt of the proposed budgets and cash flow statements.
<input type="checkbox"/>	<b>Construction Financing</b> Copy of construction financing commitment letter.
<input type="checkbox"/>	<b>Construction Contract</b> <i>A copy of the properly executed and dated construction contract.</i>
<input type="checkbox"/>	<b>Construction Certification Form (Attachment 3)</b> <i>Original executed and notarized form signed by the development's owner, architect/engineer, and general contractor.</i>
<input type="checkbox"/>	<b>Utility Allowance</b> <i>Documentation from the city/county showing the utility costs.</i>
<input type="checkbox"/>	<b>Location Maps</b> <input type="checkbox"/> (a) Development maps which identifies development location and general county boundaries <input type="checkbox"/> (b) Attachment 2 (Initial Site Assessment Form)
<input type="checkbox"/>	<b>Letter of Intent</b> <i>Letter of intent to provide equity investment (see Attachment 11)</i>

In addition to the above, the following documents are required for certain developments:

<input type="checkbox"/>	<p><b>Rehabilitation Developments</b></p> <p><input type="checkbox"/> (a) A Physical Needs Assessment certified by a licensed architect or engineer. (Attachment 4)</p> <p><input type="checkbox"/> (b) Documentation of land value and improvements from a certified appraiser.</p> <p><input type="checkbox"/> (c) A title opinion from an attorney documenting property ownership for the last ten years. OR</p> <p><input type="checkbox"/> (d) For acquisition rehabilitation developments that are not ten years old or have changed ownership within the last ten years, an approved waiver must accompany the application.</p>
<input type="checkbox"/>	<p><b>New Construction Developments</b></p> <p><input type="checkbox"/> (a) Documentation of land value from a certified appraiser</p> <p><input type="checkbox"/> (b) Plans/Drawings from a licensed architect or engineer</p> <p><input type="checkbox"/> (c) Description of Materials (Attachment 5)</p>
<input type="checkbox"/>	<p><b>Historic Developments</b></p> <p>Certification that the property or properties are historic or are located in a historic district.</p>
<input type="checkbox"/>	<p><b>Tax-Exempt Bond Developments</b></p> <p>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.</p>

**VII. Other Attachments**

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

















Mississippi Home Corporation  
Housing Tax Credit Program (2010 Qualified Allocation Plan)

**Initial Site Assessment Form**

**Development Information**

Development Name:	_____
Development Address:	_____
Development County:	_____

**Owner Information**

Ownership Entity:	_____		
Contact Person:	_____	Phone Number:	_____

**Development Location**

A. Give detailed directions to the proposed site from Jackson, Mississippi. Also, please clearly mark all boundaries of the physical site so it can be identified.

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

*(MHC Use Only)*

<b>Site Condition</b>	
A. Describe any existing structures (shack, schoolhouse, mobile home, barn, etc.) or improvements on/near the site.	
<i>(MHC Use Only)</i>	
B. Are any structures on or adjacent to the proposed development in poor condition/dilapidated that will remain after completion of the proposed development?	
<i>(MHC Use Only)</i>	
C. Will the development involve rehabilitation, relocation, or demolition of any structure? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>(MHC Use Only)</i>	

<b>Site Characteristics</b>		
Site is near or contains the following:	Applicant	<i>(MHC Use Only)</i>
1. Railroad Tracks	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how many miles away?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how many miles away?
	Noise Pollution: <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Major Highway	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how many miles away?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how many miles away?
	Noise Pollution: <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Airport	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how many miles away?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how many miles away?
	Noise Pollution: <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Industrial Area	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how many miles away?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how many miles away?
	Noise Pollution: <input type="checkbox"/> Yes <input type="checkbox"/> No	

5. Land Fill	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, how many miles away?	If Yes, how many miles away?
	Noise Pollution: <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Utility Substation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, how many miles away?	If Yes, how many miles away?
	Noise Pollution: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Distance from Services Significant to Tenants	
Services within 1 mile away	
	<i>(MHC Use Only)</i>
Services within 2 miles away	
	<i>(MHC Use Only)</i>
Services within 3 miles away	
	<i>(MHC Use Only)</i>
Services over 3 miles away	
	<i>(MHC Use Only)</i>
<i>(MHC Use Only)</i> <b>Additional Notes:</b>	

**2010 QUALIFIED ALLOCATION PLAN  
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:**

- ▶ The Drawings and Description of Materials or Physical Needs Assessment submitted with the application are in compliance with the Corporation’s Minimum Design, Development, and Materials Standards (Refer to pages 47 – 52 of the QAP).
- ▶ The proposed construction/rehabilitation and the plans will meet the applicable building code and permitting requirements of the local jurisdiction.
- ▶ The site development will meet all federal, state, and local requirements.
- ▶ The design will meet all applicable permit requirements of the local, state, and federal jurisdictions.

**ARCHITECT/ENGINEER ACKNOWLEDGMENT**

\_\_\_\_\_  
(Architect/Engineer Firm)

By: \_\_\_\_\_

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: \_\_\_\_\_

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

**OWNERSHIP ENTITY ACKNOWLEDGMENT**

\_\_\_\_\_  
(Ownership Entity)

By: \_\_\_\_\_

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  
MHC 2010 QUALIFIED ALLOCATION PLAN  
SCOPE OF WORK/REPLACEMENT MATRIX**

<b>NAME OF PROPERTY</b>
<b>ADDRESS OF PROPERTY</b>

<b>SITE</b>				
<b>SCOPE ITEM</b>	<b>Est. Cost</b>	<b>Cost per Area</b>	<b># Areas</b>	<b>Scope Description</b>
Landscaping/Sprinklers				
Drainage				
Fences/Walks/Retaining Walls				
Amenities/Pool/Playground				
Mailboxes (Group)				
Driveways & Parking				
Security				
Other - Site				
<b>BUILDING COMMON AREAS</b>				
<b>SCOPE ITEM</b>	<b>Est. Cost</b>	<b>Cost Per Areas</b>	<b># Areas</b>	<b>Scope Description</b>
Basement/Storage				
Laundry Rooms				
Central Boiler, Chiller, Pumps, Incinerator				
Elevator				
Security				
New Common Building				
Other				

<b>BUILDING EXTERIOR</b>				
<b>SCOPE ITEM</b>	<b>Est. Cost</b>	<b>Cost per Area</b>	<b># Areas</b>	<b>Scope Description</b>
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				

UNITS															
SCOPE ITEM	Est. Cost	Cost per Unit	# Units	Scope Description	Apt. #	Apt. #	Apt. #	Apt. #	Apt. #	Apt. #	Apt. #	Apt. #	Apt. #	Apt. #	Apt. #
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															
Other															

UNITS															
SCOPE ITEM	Est. Cost	Cost per Unit	# Units	Scope Description	Apt. #	Apt. #	Apt. #	Apt. #	Apt. #	Apt. #	Apt. #	Apt. #	Apt. #	Apt. #	Apt. #
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															
Other															

UNITS															
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Kitchen - Trim, Walls, & Ceilings															
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Bedrooms - Floor															
Bedrooms - Closet & Shelving															
General - Flooring															
General - Windows															
General - Walls & Ceiling															
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General - Electrical															
General - Intercom System															
Other - Handicap Units															
Other															

UNITS															
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Kitchen - Trim, Walls, & Ceilings															
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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															
Other															

UNITS															
SCOPE ITEM	Est. Cost	Cost per Unit	# Units	Scope Description	Apt. #	Apt. #	Apt. #	Apt. #	Apt. #	Apt. #	Apt. #	Apt. #	Apt. #	Apt. #	Apt. #
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															
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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															
Other															



PHYSICAL NEEDS 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.			

**ACQUISITION AND REHABILITATION**

Physical Needs Assessment  
 Certification Development

Name: \_\_\_\_\_

Location: \_\_\_\_\_

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: \_\_\_\_\_

Date: \_\_\_\_\_

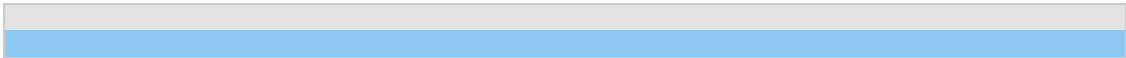
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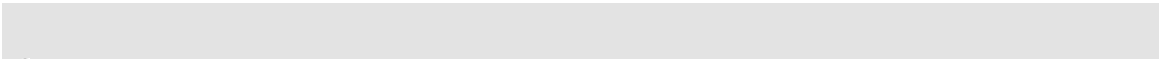
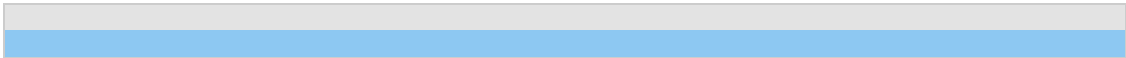
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Mississippi Home Corporation  
 Housing Tax Credit Program (2010 Qualified Allocation Plan)  
**Management Experience Form**

Management Company:	Tax ID:	
Contact Person:	Phone Number:	
Address:	City:	
State:	Zip Code	

<b>Principal Members.</b> <i>(List the names of all principals of the Management Company.)</i>		
Principal Name	Role of Principal	% of Ownership Interest

<b>Certification and Authorization</b>
--

I (individual, corporation, partner, member, or other entity) certify that I am applying to the Mississippi Home Corporation (MHC) for approval to participate as a principal 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 organizations 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 3 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-compliances 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) projects 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 judgment 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 projects 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 experience detailed on page 2 of this certification.

**For general partners or development owners only:**  
 I further certify 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 above to 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.

Type or Print Name of Principal	Signature of Principal	Title, Role or Capacity	Date	Telephone Number

**Management Experience Form**

Complete the information below for each development your organization currently manages. List only other affordable housing (e.g. HUD, RD, Tax Credit) developments. *Do not include developments approved but not yet placed in service.* Attach copies of this form as needed.

Management Company:	Contact Person:	Contact Phone:
---------------------	-----------------	----------------

Development Information	Development Type (NC, REHAB, or ACQ/REHAB)	# Units	# Low-Income	Date Placed in Service	#Years Managed	Compliance Status	HFA, HUD or RD Contact
Development Name: _____						<b>8823s Filed?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>  <b>Corrected?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	Agency Name:
Development Contact/Phone: _____ _____							Contact Person:
							Address:
							Phone Number:
Development Name: _____						<b>8823s Filed?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>  <b>Corrected?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	Agency Name:
Development Contact/Phone: _____ _____							Contact Person:
							Address:
							Phone Number:
Development Name: _____						<b>8823s Filed?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>  <b>Corrected?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	Agency Name:
Development Contact/Phone: _____ _____							Contact Person:
							Address:
							Phone Number:

MISSISSIPPI HOME CORPORATION  
Housing Tax Credit Program

**Certification of Market Study Acceptance**

Proposed Development Name \_ \_\_\_\_\_

Proposed Development Location \_\_\_\_\_

This certificate is made pursuant to the provisions of the Qualified Allocation Plan dated \_\_\_\_\_.

I 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 as they consider allocating Housing Tax Credits.

\_\_\_\_\_  
**Syndicator**

**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 **Owner** 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 \_\_\_\_\_, 201\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

**2010 Housing Tax Credit Program**  
**Qualified Census Tracts/Difficult Development Areas**

<b>Qualified Census Tracts</b>					
Adams	3.00	4.00	8.00		
Attala	606.00				
Bolivar	9501.00	9502.00	9503.00	9504.00	9507.00
Claiborne	9503.00				
Clarke	9503.00				
Clay	9503.00				
Coahoma	9501.00	9506.00	9507.00		
Copiah	9501.00	9504.00			
Covington	9502.00				
Forrest	1.00	4.00	5.00	6.00	9.00
	10.00	105.00			
George	9502.00				
Grenada	9503.00				
Harrison	3.00	4.00	18.00	20.00	21.00
	24.00	26.00			
Hinds	7.00	8.00	9.00	10.00	11.00
	12.00	16.00	17.00	18.00	19.00
	20.00	21.00	22.00	23.00	24.00
	25.00	26.00	27.00	30.00	31.00
	32.00	34.00	35.00	38.00	102.01
	108.01	109.02			
Holmes	9501.00	9502.00	9503.00	9504.00	9505.00
Humphreys	9502.00	9503.00			
Issaquena	9501.00				
Jackson	412.00	421.00	422.00		
Jefferson	9501.00	9502.00			
Jones	9506.00	9507.00			
Lafayette	9503.00				
Lauderdale	1.00	2.00	4.00	5.00	6.00
	7.00				
Leake	402.00				
Leflore	9502.00	9503.00	9507.00	9508.00	9509.00
Lincoln	9505.00				
Lowndes	6.00	7.00	8.00	11.00	
Madison	305.00	307.00			
Marion	9503.00				

<b>Qualified Census Tracts, cont.</b>					
Marshall	9504.00				
Monroe	9508.00				
Neshoba	105.00				
Noxubee	9502.00	9503.00			
Oktibbeha	9503.00	9504.00			
Panola	9502.00				
Pike	9503.00				
Quitman	9501.00	9503.00			
Sharkey	9501.00	9502.00			
Sunflower	9504.02	9505.00			
Tallahatchie	9502.00	9503.00	9504.00		
Tunica	9502.00				
Walthall	9502.00				
Warren	9503.00				
Washington	3.00	4.00	6.00	10.00	11.00
	12.00	13.00	21.00		
Wayne	9502.00				
Wilkinson	9501.00	9502.00			
Yazoo	9503.00	9505.00			

**Note: YOU MUST PROVIDE DOCUMENTATION OF CENSUS TRACT DESIGNATIONS.**  
Maps should be obtained by contacting Dr. Ben Mokry at 601-718-4611.

<b>Difficult Development Area Counties</b>			
Adams*	Amite *	Attala *	Benton
Bolivar	Chickasaw	Choctaw*	Claiborne*
Clarke*	Coahoma	Covington*	Copiah*
Franklin*	Forrest*	Greene*	George*
Grenada	Harrison*	Hinds*	Holmes*
Hancock*	Humphreys*	Issaquena	Jackson*
Jasper*	Jefferson*	Jefferson Davis*	Jones*
Kemper*	Lafayette	Lamar*	Lauderdale*
Lawrence*	Leake*	Leflore	Lincoln*
Lowndes*	Madison*	Marion*	Montgomery
Neshoba*	Newton*	Noxubee*	Oktibbeha*
Panola	Pearl River*	Perry*	Pike*
Quitman	Rankin*	Scott*	Sharkey
Simpson*	Smith*	Stone*	Sunflower
Walthall*	Warren*	Washington	Wayne*
Wilkinson*	Winston*	Tallahatchie	Tippah
Yalobusha	Tunica	Yazoo*	

\* GO Zone Counties



**DISTRIBUTION OF HOUSEHOLD INCOME AMONG RENTER HOUSEHOLDS**  
**Estimate**  
**(Development Location (DL)(2))**

<b>COUNTY</b>	<b>% of HOUSEHOLDS UNDER \$10,000</b>	<b>COUNTY</b>	<b>% of HOUSEHOLDS UNDER \$10,000</b>
Adams County	36.8%	Holmes County	49.1%
Alcorn County	31.6%	Humphreys County	33.3%
Amite County	38.1%	Issaquena County	39.7%
Attala County	30.6%	Itawamba County	29.0%
Benton County	34.7%	Jackson County	22.0%
Bolivar County	38.4%	Jasper County	33.1%
Calhoun County	30.9%	Jefferson County	50.2%
Carroll County	24.8%	Jefferson Davis County	40.5%
Chickasaw County	27.2%	Jones County	28.5%
Choctaw County	33.6%	Kemper County	37.9%
Claiborne County	45.1%	Lafayette County	33.8%
Clarke County	32.9%	Lamar County	17.9%
Clay County	36.9%	Lauderdale County	31.7%
Coahoma County	37.3%	Lawrence County	33.7%
Copiah County	35.4%	Leake County	31.1%
Covington County	33.4%	Lee County	22.3%
DeSoto County	12.0%	Leflore County	39.6%
Forrest County	28.8%	Lincoln County	35.5%
Franklin County	45.6%	Lowndes County	32.2%
George County	25.9%	Madison County	17.7%
Greene County	33.6%	Marion County	36.6%
Grenada County	30.8%	Marshall County	30.8%
Hancock County	20.3%	Monroe County	30.5%
Harrison County	17.7%	Montgomery County	31.1%
Hinds County	25.8%	Neshoba County	32.2%

**DISTRIBUTION OF HOUSEHOLD INCOME AMONG RENTER HOUSEHOLDS**  
**Estimate**  
**(Development Location (DL)(2))**

*Page 2*

<b>COUNTY</b>	<b>% of HOUSEHOLDS UNDER \$10,000</b>	<b>COUNTY</b>	<b>% of HOUSEHOLDS UNDER \$10,000</b>
Newton County	32.4%	Sunflower County	29.0%
Noxubee County	41.9%	Tallahatchie County	37.3%
Oktibbeha County	37.1%	Tate County	25.2%
Panola County	30.7%	Tippah County	29.0%
Pearl River County	27.4%	Tishomingo County	29.2%
Perry County	32.8%	Tunica County	28.1%
Pike County	34.5%	Union County	22.9%
Pontotoc County	27.8%	Walthall County	37.9%
Prentiss County	27.7%	Warren County	22.4%
Quitman County	37.7%	Washington County	31.8%
Rankin County	13.1%	Wayne County	36.1%
Scott County	27.0%	Webster County	31.4%
Sharkey County	34.9%	Wilkinson County	48.2%
Simpson County	23.8%	Winston County	32.0%
Smith County	25.3%	Yalobusha County	32.3%
Stone County	25.8%	Yazoo County	37.3%

**Source: U.S. Census Bureau, Census 2000, STF3**

Mississippi Home Corporation  
Housing Tax Credit Program (2010 Qualified Allocation Plan)

**SAMPLE LETTER OF INTENT TO PROVIDE  
EQUITY INVESTMENT**

DATE

XXXXXXXXXX  
XXXXXXXXXX  
XXXXXXXXXX  
XXXXXXXXXX

RE: Intent to Provide Equity Investment  
(Development Name)  
(Development Location)

Dear XXXXXXXX:

This letter serves to indicate that \_\_\_\_\_ (Syndicating Firm/Company) has done a preliminary review of the tax credit application to be submitted to the Mississippi Home Corporation (MHC) for consideration of issuing Housing Tax Credits in accordance with Section 42 of the Internal Revenue Code. This letter of intent is specifically for the subject proposed development to be rehabilitated/constructed in \_\_\_\_\_ (city), Mississippi.

We \_\_\_\_\_ (Syndicating Firm/Company) certify that all syndication aspects of the proposed development have been considered. Based on our preliminary review, \_\_\_\_\_ (Syndicating Firm/Company) would like to express an interest in possibly syndicating the development provided it receives Housing Tax Credits from the Mississippi Home Corporation (MHC).

Please direct all questions and/or concerns regarding this letter of intent to \_\_\_\_\_ (contact name) at \_\_\_\_\_ (phone number) who serves in the capacity as \_\_\_\_\_ (title) at \_\_\_\_\_ (Syndicating Firm/Company).

Sincerely,

XXXXXXXXXX (Name)  
XXXXXXXXXX (Title)

**“CAPACITY STATEMENT”  
NOTICE TO LIHTC APPLICANTS SUBMITTING APPLICATIONS TO THE  
MISSISSIPPI HOME CORPORATION (“MHC”) UNDER THE 2010  
QUALIFIED ALLOCATION PLAN (“QAP”)**

MHC is concerned about the ability of the LIHTC applicant awarded tax credit to complete the development in a timely manner while placing a long-lasting quality product on the ground. MHC has experienced applicants who have received multiple awards failing to meet the development standards proposed in their applications. MHC does not desire to limit an applicant’s capacity outside the realm of the QAP; however, the ability of the applicant to perform is of the utmost importance to the Mississippi LIHTC program. MHC expects the applicant to meet, at a minimum, the quality and standards required by the QAP and upon which the application was scored and awarded tax credits.

Therefore, MHC requires that the applicant, with each tax credit application submitted, include a one page, (with an addendum for (4)), “Capacity Statement” that describes the following:

- (1) The applicant’s construction capacity;
- (2) The ability to complete any prior year awarded tax credit developments within the timeliness of the appropriate year’s QAP; and
- (3) The ability to complete any development awarded 2010 tax credits within the timeliness of the 2010 QAP; and
- (4) A listing of any and all incomplete developments, LIHTC and others, the applicant is associated with, in Mississippi and elsewhere, to include their award date, start date and anticipated completion date. If there is a delay in the normal timeline required by the contract, or the QAP, the delay should be clearly explained.

MHC at its discretion may verify the information submitted and make a determination as to the capacity of the applicant to meet the capacity requirements of the QAP. The applicant’s failure to meet any of the stated objectives of the LIHTC application filed the quality standards of the associated QAP or adhere to its “Capacity Statement” may result in the applicant’s suspension from future tax credit cycles.

**MEMORANDUM OF UNDERSTANDING**

**Between**

**the Department of Housing and Urban Development**

**and**

**the Mississippi Home Corporation**

**INTRODUCTION**

WHEREAS, the U.S. Department of Housing and Urban Development hereinafter referred to as “HUD” acting by and through the Federal Housing Administration hereinafter referred to as “FHA” and the Mississippi Home Corporation (MHC) hereinafter referred to as “The Agency,” wish to enter into the Memorandum of Understanding (MOU) regarding the Subsidy Layering Review of the sources and uses of funds in developments receiving housing tax credits and HUD Housing Assistance. (HUD Housing Assistance refers to those programs administered by FHA or the Office of Housing.)

WHEREAS, Section 102(d) of the Housing and Community Development Reform Act of 1989 requires the Secretary of HUD to limit assistance granted to a project to:

*“...not be more than is necessary to provide affordable housing after taking account ...[Other Government Assistance]”*. (A copy of section 102 of the Housing and Community Development Reform Act of 1989 is attached as Exhibit A.)

WHEREAS, Section 911 of the Housing and Community Development Act of 1992 provides that:

*The requirements of section 102(d) of the Department of Housing and Urban Development Reform Act of 1989 may be satisfied in connection with a project receiving assistance under a program that is within the jurisdiction of the Department of Housing and Urban Development and under section 42 of the Internal Revenue Code of 1986 by a certification by a housing credit agency to the Secretary, submitted in accordance with guidelines established by the Secretary, that the combination of assistance within the jurisdiction of the Secretary and other government assistance provided in connection with a property for which assistance is to be provided within the jurisdiction of the Department of Housing and Urban Development and under section 42 of the Internal Revenue Code of 1986 shall not be any greater than is necessary to provide affordable housing. (A copy of section 911 of the Housing and Community Development Act of 1992 is attached as Exhibit B).*

WHEREAS, section 42 of the Internal Revenue Code authorizes allocations of Housing Tax Credits (HTC) to be administered by State or local housing credit agencies to encourage the development of housing for low to moderate income tenants.

WHEREAS, section 42 of the Internal Revenue Code requires The Agency to ensure that *“The housing credit dollar amount allocated to a project shall not exceed the amount the housing credit agency determines is necessary for the financial feasibility of the project and its viability as a qualified low-income housing project throughout the credit period.”*

WHEREAS, The Agency allocates housing credits pursuant to a qualified allocation plan which may be revised from time-to-time in accordance with the priorities of the State.

THEREFORE, HUD and The Agency, in acknowledgement of their complementary goals, agrees to cooperate in their efforts to assure that only the assistance necessary to provide affordable housing is provided to a development receiving Housing Tax Credits and HUD Housing assistance.

**BOTH PARTIES THEREFORE AGREE AS FOLLOWS:**

- (a) Subsidy layering analyses will be performed whenever applicant disclosure is required by Section 102(b) and (c) of the Reform Act and prior to issuance of form IRS-8609, indicating the amount of tax credits to be awarded.
- (b) HUD and The Agency will share information on development costs for all developments financed with a combination of housing tax credits and HUD Housing assistance.
- (c) HUD and The Agency will use the following fee norms which HUD and The Agency have established for subsidy layering analysis purposes:
  - (1) Builder's Profit: Six percent (6%) of Construction Costs
  - (2) General Overhead: Two percent (2%) of the Construction Costs Amount
  - (3) General Requirements: Six percent (6%) of the Construction Costs

(4) Developer's Fee: A base fee of fifteen percent (15%) of the Construction Costs plus builder's profit

- (d) The above fee norms will be used in the Agency's analysis of the amount of assistance that is necessary for a development. As allowed by Section 911, fees may exceed the norms when justified by special circumstances. The percentage allowances above for Builder's Profit, General Overhead and General Requirements should not exceed 14% of the construction contract unless otherwise provided for in the State's Qualified Allocation Plan pertaining to the year in which the tax credits will be allocated.
- (e) HUD and The Agency agree to the definitions and formulas for the determination of profits, costs and amounts of assistance in the qualified allocation plan for the State, which current year qualified allocation plan is attached to this MOU as Exhibit C.
- (f) In cases where the results of The Agency analysis indicate that there will be excess assistance, The Agency will reduce the amount of housing tax credits to eliminate the excess as required by Section 42 of the IRS Code.
- (g) The Agency and HUD understand that neither The Agency nor HUD certifies the accuracy of the tax credit applicant's eligibility or certifies to the applicant's compliance with Section 42 of the Internal Revenue Code. The Agency understands that the owner certifies the information to HUD and to The Agency as being true and correct representations.
- (h) The Agency and HUD understand that, unless required by law, the general information shared under this MOU is for internal analysis and will not be



disclosed to other than the appropriate HUD and The Agency employees.

Further, The Agency and HUD understand that, specific information on a proposal may be shared with the applicant and other providers of funds on the respective proposals as appropriate.

- (i) Any modifications to the conditions of this agreement must be reviewed and accepted by both HUD and The Agency. Any revision to this agreement will be added as an amendment.
- (j) As provided for by Section 911(c) of the Housing and Community Development Act of 1992, if HUD determines that a housing credit agency has failed to comply with the guidelines for subsidy layering review, the authority to perform the subsidy layering analysis may be withdrawn.
- (k) If The Agency determines that HUD has failed to comply with the guidelines for subsidy layering review, in a timely manner, so as to delay the issuance by The Agency of IRS Form 8609 The Agency may withdraw the authority to perform subsidy layering analysis.

**HUD AGREES:**

To provide to The Agency information on tax credit developments considered for HUD assistance as follows:

- (1) a copy of any notification of insurance commitment or subsidy contract issued to applicants;
- (2) a copy of any Cost Certification and/or cost analysis provided to, or prepared by HUD.

- (3) The results of any analyses on necessary assistance prepared by HUD to the applicant and The Agency.

AGENCY AGREES:

- (a) To inform any applicants seeking a combination of both Tax Credits and HUD Housing assistance that the MOU will be applied to the underwriting of the Tax Credit application. A copy of the MOU may be provided to applicants for their information in The Agency Qualified Allocation Plan.
  - (b) To maintain the following information:
    - (1) The list of tax credit requests received from applicants that indicate they are seeking a combination of Tax Credits and HUD Housing Assistance.
    - (2) For each request a copy of the Tax Credit Application with the development cost breakdown used to estimate the amount of tax credits for which the developer would be eligible;
  - (c) To provide to HUD the following information for developments receiving both Tax Credits and HUD Housing Assistance:
    - (1) A copy of the applicant's final disclosure(s) of sources and uses of funds as provided to The Agency;
    - (2) Notification that the development is complete.
-

**ACCEPTANCE AND SIGNATURE OF EACH APPROVING PARTY**

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

By: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: HUD/Program Center Director

HOUSING FINANCE AGENCY

By: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_



MHC Housing Tax Credit Program  
**DEVELOPMENT REQUEST FORM**

Attachment 14

Date:

Development Number:

Development Name:

Ownership Entity:

Development owners must receive prior written approval from the Mississippi Home Corporation (MHC) for any changes from the representations of the original tax credit application. Failure to receive prior approval may result in a one year suspension from participation in the program. Approval will not be granted for any requests that would affect the initial scoring of the application.

**Type of Requests**

**Purpose of Request**

Provide a detailed summary explaining why the change is needed. Provide additional paper if necessary

**Required Documents**

The following documents must accompany this request. MHC reserves the right to request any additional information that's deemed necessary. No request will be considered without proper documentation. Provide the revised application pages for the year in which the development was submitted to MHC.

**Certification**

The undersigned hereby certifies that all applicable required documents listed above have been satisfied and are attached

0

By: \_\_\_\_\_

Its:  Prepared by:

Date:  Contact Phone #:

MHC USE ONLY

The above request has been received by MHC on . After reviewing this request and all attached documentation, MHC hereby determines this request to be  Approved  Denied

By: \_\_\_\_\_ Date: