Mississippi Home Corporation

PHYSICAL NEEDS ASSESSMENT
MHC 2009 QUALIFIED ALLOCATION PLAN
SCOPE OF WORK/REPLACEMENT MATRIX

NAME OF PROPERTY
ADDRESS OF PROPERTY

SITE

SCOPE ITEM	Est. Cost	Cost per Area	# Areas	Scope Description
Landscaping/Sprinklers				
Drainage				
Fences/Walks/Retaining Walls				
Amenities/Pool/Playground				
Mailboxes (Group)				
Driveways & Parking				
Security				
Other - Site				

BUILDING COMMON AREAS

SCOPE ITEM	Est. Cost	Cost Per Areas	# Areas	Scope Description
Basement/Storage				
Laundry Rooms				
Central Boiler, Chiller, Pumps, Incinerator				
Elevator				
Security				
New Common Building				
Other				

BUILDING EXTERIOR				
SCOPE ITEM	**Est. Cost**	**Cost per Area**	**# Areas**	**Scope Description**
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. #**
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 extiguisher)														
General - Electrical														
General - Intercom System														
Other - Handicap Units														
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PHYSICAL NEEDS ASSESSMENT			
Applicable Acquistion/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.

_____ By:_____
(Architect/Engineer Firm)

Date:_____ Its:_____

License:_____