Mississippi Home Corporation
TEMPORARY HOUSING
Household Data Sheet

Reporting Period: *August 25, 2017- December 31, 2017*

Disaster Type: **Hurricane Harvey**
Development Name: _____
Development Number: _____

City: _____
County: _____
Number of Temporary Housing Units: _____

BIN NO.	Unit No./Address	Household Name	Previous County of Origin	Move In Date	Move Out Date	Self-Certified Annual Income	Monthly Rent	Continued LIHTC? Y/N

I, the undersigned, as owner of the HTC development noted herein hereby certify under penalty of perjury that the information contained on this certification, including any attachments hereto, is true, correct and complete to the best of my knowledge.

_____ _____ _____

Signature of Ownership Entity | Printed Name and Title | Date