

**PART D:**  
**Low Income Housing Credit (LIHC)**  
**Annual Owner Certification**  
**Development Team Composition & Information Report**

This form completed to report:	
<input type="checkbox"/>	1 <sup>st</sup> time reporter
<input type="checkbox"/>	Update/Change

\*\*\*To be completed by first time reporters or to report changes since the last AOC Report submission ONLY\*\*\*

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

Development Information			
Development Number	MS-		
Name of Development <i>Current</i>			
Name of Development <i>Original</i>			
Contact Person		Phone Number	
Address, City State and Zip			
Location ( <i>provide turn-by-turn directions from 735 Riverside Drive, Jackson, MS to the development</i> ):			
Ownership Entity Information			
Company Tax ID Number			
Company Name			
Contact Person*			
Address, City State and Zip			
Phone Number		Fax Number	
Email Address			
Key Principals			
Name	Tax ID Number	Type of Ownership	% of Ownership
General Partner			
Company Tax ID Number			
Company Name			
Contact Person			
Address, City State and Zip			
Phone Number		Fax Number	
Email Address			
Key Principals			
Name	Tax ID Number	Type of Ownership	% of Ownership

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Limited Partner			
Company Tax ID Number			
Company Name			
Contact Person			
Address, City State and Zip			
Phone Number		Fax Number	
Email Address			
Key Principals			
Name	Tax ID Number	Type of Ownership	% of Ownership
Developer			
Company Tax ID Number			
Company Name			
Contact Person			
Address, City State and Zip			
Phone Number		Fax Number	
Email Address			
Key Principals			
Name	Tax ID Number	Type of Ownership	% of Ownership
Non-Profit Participant			
(Please complete only if the development received a LIHC allocation under the Non-Profit Set-Aside.)			
Company Tax ID Number			
Company Name			
Contact Person			
Address, City State and Zip			
Phone Number		Fax Number	
Email Address			
Key Principals			
Name	Tax ID Number	Type of Ownership	% of Ownership
On-Site Management			
Onsite Manager Name			
Address			
Phone Number		Fax Number	
Email Address			

