

Mississippi Home Corporation
HTC QUARTERLY OCCUPANCY COMPLIANCE REPORT
PART A- LEASE UP OCCUPANCY SUMMARY REPORT

Period: _____, 20__ to _____, 20__

Development No: MS- _____ Required Minimum Set-Aside: 20/50 40/60

Development Name: _____ Development Status: Under Construction * Initial Lease-Up
 Anticipated PIS: _____ 100% Lease-Up

City, Zip: _____

Owner: _____ Owner TIN: _____ Phone: _____

Manager/Contact: _____ Phone: _____

NOTE: Please attach additional sheets as needed.

Building Identification Number (BIN)	Placed-In-Service (PIS) Date	First Year Credits Claimed (YYYY)	# of LI Units Occupied	# of LI Units Vacant *	# of LI Units Empty*	# of Common Space Units	# of Market Units	Total # of Units
MS-								
MS-								
MS-								
MS-								
MS-								
MS-								
MS-								
MS-								
MS-								
MS-								
MS-								
MS-								
Development Total								

*Vacant units are units once occupied by a low-income (LI) household. Empty units are units that have never been occupied by a LI household.

I/we (owner) relied in good faith upon information supplied by the occupants and verified the information provided. I/We certify that data presented in this report is accurate to the best of our knowledge.

Signature (Preparer)

Signature (Managing Owner)

Date