

Mississippi Home Corporation
HTC QUARTERLY OCCUPANCY COMPLIANCE REPORT
PART C- COMMUNITY SERVICE AFFIDAVIT

Period: _____, 20__ to _____, 20__

Development Number: _____
 Development Name: _____
 City, County: _____
 Percentage of Occupancy: _____

Please select the option which best applies:

1. No services have been provided during the certification period. Please provide an explanation:

Anticipated Implementation Date: _____

2. Community services have been provided to the residents. *Please use the following chart to detail significant community services provided during the certification period. Do not list recreational or social events (i.e. birthday parties, pancake breakfasts, etc.). Attach support documentation (i.e. sign-in sheets, service agreements, letters setting up the event, etc.).*

Date	Description of Event/ Service	Location of Event/ Service	Name of Facilitator	Name of Organization Conducting Event/Service	# of Participants	Required? * (Y/N)

*Please indicate if the services are required to maintain compliance with the applicable Qualified Allocation Plan and/or final HTC application.

Under penalty of perjury, I/we (owner) certify that the above information is true and correct to the best of my/our knowledge.

Signature (Managing Owner)

Date