

Owner's Name (Printed)

## MISSISSIPPI HOME CORPORATION Housing Tax Credit (HTC) Staff Unit Poquest/Change Form

## Staff Unit Request/Change Form Development Number: \_\_\_ \_\_\_\_\_ Development Name: \_\_\_ Ownership Entity: \_\_\_ Type of Request: (choose one) Request a Common Area Staff Unit (Please complete Part I only) ☐ Change/Removal of a Common Area Staff Unit (Please complete Part II only) Part I: Request of Common Area Staff Unit ☐ Manager's Unit 1) Type of Request (Choose One) ■ Maintenance Unit Security Unit \_\_\_\_\_ Unit #: \_ a) Building Identification Number (BIN): \_\_\_\_\_ b) Number of bedrooms: \_\_\_\_\_ Square footage:\_\_ c) Employee Name: d) Percentage of time referenced employee will dedicate to the referenced development: \_ e) Previous tax status of this unit: Previously claimed credits f) Has this unit previously been a revenue producing unit? Yes No a) If yes, how many and what type? \_\_ If yes, in what building(s)? BIN #\_\_ If yes, what unit number(s)? a) If yes, please provide definition of full-time. \_\_ b) If requesting a security unit, what will be the security officer's duties? 4) What is the reason for the Development modification and how will the residents benefit from the inclusion of this staff unit? **Note:** Supporting documentation must be submitted with the request. Part II: Change/ Removal of Common Area Staff Unit 1) Indicate type of request: ☐ Change staff unit location or occupant Convert staff unit to low-income unit (Please note a \$500.00 review fee applies.) 2) Indicate location and occupant of *current* Staff Unit: a) Manager's Unit Maintenance Unit Security Unit b) Building Identification Number (BIN): c) Number of bedrooms: \_\_\_\_\_ Square footage: d) Employee Name: \_ 3) If requesting a change in staff unit, please complete the following: a) Manager's Unit Maintenance Unit Security Unit b) Building Identification Number (BIN): \_\_\_\_\_ \_\_\_ Unit #: \_\_ c) Number of bedrooms: \_\_\_\_\_ Square footage:\_ d) Employee Name: \_ 4) If requesting to convert staff unit to low-income unit, please state reason for request:

Owner's Signature

Signature Date