

Mississippi Home Corporation

Compliance Monitoring Division

P O Box 23369

Jackson, MS 39225-3369

(601) 718-4642

(601) 718-4643 (Fax)

PROPERTY DATA SHEET

Property Name:
LIHTC #:
Manager Tax ID #:
From:00/00/00
Name:
Address:
City/State/Zip:
E-mail Address:
Contact:
Telephone#
Fax#
On-Site Contact:
On-Site Address:
City/State/Zip:
Telephone:
Fax:
E-mail Address:
Owner Tax ID #:
From:00/00/0000
Name:
Address-1:
Address-2:
City/State/Zip:
Type of Entity: <input type="checkbox"/> Housing Authority <input type="checkbox"/> Individual DBA <input type="checkbox"/> Individual Person <input type="checkbox"/> Joint Venture
<input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Partnership
<input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Partnership <input type="checkbox"/> Subchapter S Corp. <input type="checkbox"/> Corporation
<input type="checkbox"/> General Partnership <input type="checkbox"/> Government Entity
Legal Status: <input type="checkbox"/> Applied For/Pending <input type="checkbox"/> Chartered <input type="checkbox"/> Incorporated <input type="checkbox"/> Registered
Non-Profit Status: <input type="checkbox"/> 501(a)Exemption <input type="checkbox"/> 501(c)(3)Organization <input type="checkbox"/> 501(c)(4)Organization
Minority Code: <input type="checkbox"/> Black <input type="checkbox"/> Disadvantaged/DBE <input type="checkbox"/> Hispanic <input type="checkbox"/> MBE/HUB <input type="checkbox"/> Other <input type="checkbox"/> Woman/MWBE
General Contact
Name:
Title:
Telephone#:
Fax#:
E-mail Address:
Other Contact
Name:
Title:
Telephone#:
Fax:
E-mail Address: