



Thank you for your interest in participating in the MyHome MyCoast Program (“MHMC”) administered by the Gulf Coast Renaissance Corporation (“GCRC”). The MyHome MyCoast Program is now accepting new applicants with total household incomes at or below 80% of the Area Median Income (AMI).

All new potential applicants must first receive pre-approval from a partner lender and submit all required documentation to have total household income calculated to determine the household’s AMI. **Only applicants with total household income at or below 80% AMI and lender pre-approval will be allowed to proceed into the program.**

The attached income documentation package provides you with a list of the items that are required according to the program income guidelines in order to calculate your total household AMI. Please review the documentation and complete all forms that are applicable to your household. Do not contact a partner lender for an appointment until you have completed your income package. The completed package and the signed Consent & Release Form must be submitted to a partner Lender for review. The partner Lender will review your income documentation and current mortgage readiness.

Applicants who complete the counseling requirements will have 45 days from the completion date indicated on the Completion of Counseling form to submit an executed sales contract to begin the environmental review process. However, the executed sales contract date cannot be prior to the completion date indicated on the Completion of Counseling Form. The Certificate of Occupancy (CO) must be available within 180 days (6 months) of the executed sales contract date on newly constructed homes. Circumventing the program process steps may result in disqualification from the program.

Please do not delay in submitting your income documentation package. Program funds are limited and subject to availability. Applicants are processed on a first come, first serve basis. Other restrictions apply.





MyHome MyCoast Facts & FAQs

Updated September 2010

About MyHome MyCoast:

MyHome MyCoast was launched in April 2009 by the Gulf Coast Renaissance Corporation as a perpetual fund to assist thousands of residents and potential residents of Mississippi's six coastal counties. The long-term, stimulus-style housing program will provide homeownership opportunities to private individuals, focusing on those who have been negatively impacted by the devastation of Hurricane Katrina and/or the recent national credit crisis.

About Gulf Coast Renaissance Corporation:

The Gulf Coast Renaissance Corporation, founded in 2006 by several South Mississippi business leaders in the wake of Hurricane Katrina's devastation, is a nonprofit organization focused on creating affordable housing solutions to Pearl River, Hancock, Harrison, Jackson, George and Stone counties.

Who can participate in MyHome My Coast?

- An individual who is not a current homeowner in any of the six eligible counties.
- A renter interested in becoming a homeowner (cannot have owned a home in the preceding six months)
- A person displaced or affected by Hurricane Katrina who wishes to purchase a home in the six coastal counties.
- A new resident to the six coastal counties.
- An individual whose household income is not greater than 80% of the Area Median Income (AMI) based on the most-recent HUD income limits

All new potential applicants must first receive mortgage pre-approval from a partner lender and submit all required documentation to have total household income calculated to determine the household's AMI. **Only applicants with total household income at or below 80% AMI and lender pre-approval will be allowed to proceed into the program.**

A complete list of income documentation requirements is available at www.msgcrc.com or by calling 1-888-49COAST. Program funds are limited and subject to availability. Applicants are processed on a first come, first serve basis. Other restrictions apply.

What type of support is made available to applicants of the MyHome MyCoast program?

Homeownership Counseling Partners will administer an intake session to gather all required information from the applicant. In addition to the intake session, the applicant will be required to attend an eight-hour homeownership education class before the counseling process is complete.

What is the process an applicant will encounter?

- Applicant gathers all required income documentation prior to contacting a lender for an appointment.
- Applicant meets with lender to prequalify and submits income documentation to confirm total household income is at or below 80% AMI.
- Applicant attends intake session and the homebuyer education class with an approved homeownership counseling partner.
- Applicant receives a Completion of Counseling form after intake and education class is completed.
- The applicant has 45 days from the date indicated on the Completion of Counseling form to enter into a sales contract and submit a property to begin the environmental review. If not submitted within 45 days, applicant is deactivated in program.
- Lender processes required loan package for approval with Renaissance.
- Applicant and lender identify closing agent and closing date.
- Applicant closes on new home.

What are the financial benefits to participants of the MyHome MyCoast program?

- The program leverages local lenders' mortgages and offers a zero-percent interest on a second mortgage funded by Community Development Block Grant funds. The mortgages, which are 30-year, fixed-rate, have a loan-to-value position of 40/60 percent, with a graduating scale based upon household AMI.
- Flexibility in lending as the local financial lenders will not be burdened with selling loans in the secondary mortgage marketplace
- A down-payment-assistance grant based on the AMI, ranging from \$14,300 to \$22,500.
- Up to \$3,500 grant funds toward closing costs
- Taxes and insurance will be escrowed by the lending institution
- No origination fee

What type of real estate properties can be purchased through the MyHome MyCoast program?

- Homes located in Hancock, Harrison, Jackson, Pearl River, George and Stone counties.
- Home must be the applicant's primary residence.
- Modular or conventional structures only (no mobile homes).
- Home must pass the required environmental review process.
- All repaired or reconstructed properties must meet and/or have met all applicable building codes and local ordinances at or during the period of time in which repairs or reconstruction occurred.
- Homes built prior to 1978 must pass a lead based paint inspection.
- Flood insurance is required for all properties located in a flood zone according to the most current FEMA maps.
- The Certificate of Occupancy (CO) must be available within 180 days (6 months) of the executed sales contract date on newly constructed homes.

What are the responsibilities of the applicant?

- Must complete the required counseling and education requirements with an approved counseling partner assigned by GCRC prior to entering into a sales contract to purchase a home.
- Must maintain required structure insurance to include homeowners, wind and if applicable flood insurance.
- Must contribute a minimum of \$500 toward the purchase of the home.
- If the home is sold within five years, the down-payment-assistance grant must be repaid.
- Must submit an executed sales contract within 45 days from the date indicated on the Completion of Counseling form or applicant is deactivated in the program.
- The executed sales contract date cannot be prior to the completion date indicated on the Completion of Counseling form.
- Circumventing the program process steps may result in disqualification from the program.

MyHome MyCoast counseling agency partners:

- Mercy Housing & Human Development
- IRD
- Hancock Housing Resource Center
- Eko-Price
- Enterprise Corporation of the Delta (ECD)
- Manna Ministries
- Visions of Hope
- HOPE Community Development Agency
- University of Southern MS
- Housing 2010

MyHome MyCoast partner lenders:

- Community Bank
- Peoples Bank
- Hancock Bank
- HOPE Credit Union
- Regions Bank
- The First
- Gulf Coast Community Federal Credit Union
- Habitat Gulf Coast
- Habitat Bay Waveland
- Whitney Bank
- Habitat George County

MyHome MyCoast Program Eligibility Information Sheet

To be eligible for program funds, applicants will have to meet the eligibility criteria set forth below:

Eligible applicants receiving program funds will be required to demonstrate their commitment to follow through on certain actions in exchange for funds by signing a Promissory Note and Land Deed of Trust at closing. The availability of State and Program funds to a qualified home buyer are limited and subject to availability at the time the loan is closed.

- Applicant must first receive mortgage pre-approval from a partner Lender; and
- Program is limited to owner-occupied primary residences. Second homes are not eligible; **and**
- Home is located in one of the six eligible counties: Hancock, Harrison, Jackson, Stone, George or Pearl River Counties; **and**
- All housing must have current access to water, sewer (as required by local building code), and electricity; **and**
- The home must be modular or convention housing. (Mobile homes are not eligible for purchase); **and**
- The Certificate of Occupancy (CO) must be available within 180 days (6 months) of the executed sales contract date on newly constructed homes; **and**
- Applicant's household income may not be greater than 80% of Area Median Income (AMI) at the time of closing based on the most recent publication of HUD Income Limit; **and**
- Applicant must be (a) an individual who that has not owned a home in the immediately preceding six in any of the six eligible counties or (c) a new resident to the six eligible counties;
- Applicant must maintain recommended structure insurance to include fire, wind and, if required, flood insurance; **and**
- The home, whether newly constructed, repaired, and/or reconstructed, must meet the applicable building codes and local ordinances; **and**
- All newly-constructed properties must be elevated to conform to the latest (most recent) elevation requirements issued by FEMA, or its successors, pursuant to the National Flood Insurance Program, or a successor program, whether advisory, preliminary, or final; **or**
- All repaired or reconstructed properties must meet and/or have met all applicable building codes and local ordinances at or during the period of time in which repairs or reconstruction occurred; **and**
- Maximum Purchase limit will conform to Mortgage Revenue Bond program GO Zone Acquisition Limits; **and**
- Applicant must provide a minimum contribution of \$500; **and**
- Only one (1) application per home allowed.

Effective January 1, 2012

LTWH INCOME LIMITS

2012

80% AMI

County	Median Income	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People	9 People	10 People	11 People	12 People
Hancock, Harrison, and Stone	54,800	30,700	35,100	39,500	43,850	47,400	50,900	54,400	57,900	61,400	64,900	68,450	71,950
Jackson and George	58,400	32,700	37,400	42,050	46,700	50,450	54,200	57,950	61,650	65,400	69,150	72,900	76,600
Peard River	49,200	27,550	31,500	35,450	39,350	42,500	45,650	48,800	51,950	55,100	58,250	61,400	64,550

100% AMI

County	Median Income	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People	9 People	10 People	11 People	12 People
Hancock, Harrison, and Stone	54,800	38,400	43,850	49,350	54,800	59,200	63,600	68,000	72,350	76,750	81,150	85,500	89,900
Jackson and George	58,400	40,900	46,750	52,800	58,400	63,100	67,750	72,450	77,100	81,800	86,450	91,150	95,800
Peard River	49,200	34,450	39,400	44,300	49,200	53,150	57,100	61,050	64,950	68,900	72,850	76,800	80,700

120% AMI

County	Median Income	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People	9 People	10 People	11 People	12 People
Hancock, Harrison, and Stone	54,800	46,050	52,600	59,200	65,750	71,050	76,300	81,550	86,800	92,050	97,350	102,600	107,850
Jackson and George	58,400	49,100	56,100	63,100	70,100	75,750	81,350	86,950	92,550	98,150	103,750	109,400	115,000
Peard River	49,200	41,350	47,250	53,150	59,050	63,800	68,500	73,250	77,950	82,700	87,400	92,150	96,850

Once the median family income is estimated and a preliminary 4-person Very Low-Income Limit is calculated (as 50% of median family income) a series of comparisons required by statute are made: 1) High Housing Cost Adjustment, 2) Low Housing Cost Adjustment, & 3) State Non-Metro Median Family Income Adjustment. In FY2012, the State Non-Metro Median Family Income Adjustment Calculation determined an adjustment was necessary for Jones County. See www.huduser.org for more information.

Note: In accordance with HUD policy, the four person income limits are rounded to the nearest \$50. Income limits for households 1-3 and 4-12 members are rounded up to the next \$50. See www.huduser.org for more information.



Income Documentation Required for Household Income Calculation

- A household member is any related or unrelated person (minor or adult) who will live in the home purchased with program funds.
- Complete the enclosed Household Member Affidavit form. The form must be notarized. (A Notary Public must sign, stamp and date the form as a witness to the accuracy and truth of the statement.)
- All household member(s) 18 years of age or older must report earned & unearned income. (Earned income is income resulting from employment wages. Unearned income is income resulting from sources other than employment wages such as social security, disability, unemployment compensation, retirements plans, military benefits, and pension plan payments.)
- Applicants 18 years of age or older who are currently not working or have no source of income must complete a "Zero Income" Affidavit form. The form must be notarized by a Notary Public.
- Tip Disclosure Statement or Unreported Earned Income Affidavit form for employees who earn tips in addition to regular wages.
- Must provide a copy of driver's license (or ID card) and social security cards for all member 18 years or older.
- Must provide a copy of social security card(s) and birth certificate(s) for all household members less than 18 years of age.
- Copy of divorce decree and/or child custody documents if applicable.
- Must provide copies of monthly supplemental income (benefits) statements received by any household member. Examples: social security benefits, disability benefits, VA benefits, pension statements, retirement funds.

W2 Wage Earner: The list of required items and forms detailed below must be provided for each working household member 18 years of age or older who receive a W2 statement at the end of the year from his/her employer.

- Verification of Employment Form from employer (sample attached) – present the form to your employer to complete and sign.
- 3 current & consecutive pay stubs dated within the last six months.
- Tip Statement or Unreported Earned Income Affidavit Form – required for applicants who earn tips in addition to regular wages.
- W2 from 2009 (if applicable)
- Prior year's tax return – If self-prepared, applicant must obtain a copy of filed return from IRS by calling 1-800-829-1040.

Self Employed Wage Earner:

- If self-employed for two or more years, provide two years most recent tax returns **and** the profit/loss statement for current year signed by the applicant's third party tax preparer. Current year's statement cannot be self-prepared.
- If self-employed for **(2) years**, provide one year most recent tax return **and** the profit/loss statement for current year signed by the applicant's third party tax preparer. Current year's statement cannot be self-prepared.
- If self-employed for only **(1) year**, provide one year most recent tax return **and** the profit/loss statement for current year signed by the applicant's third party tax preparer. Current year's statement cannot be self-prepared.
- Must complete a Self-Employer Affidavit form. The form must be notarized by a Notary Public.

1099 Wage Earner: The list of required items and forms detailed below must be provided for each working household member 18 years of age or older who receive a 1099 statement at the end of the year from his/her employer.

- Verification of Employment Form from Employer (sample attached) – provide to your employer to complete and sign.
- Copy of 3 current & consecutive pay stubs dated within the prior six months.
- 1099 form from 2009 (if applicable)
- Prior year's tax return – If self-prepared, applicant must obtain a copy of filed return from IRS by calling 1-800-829-1040.



LONG TERM WORKFORCE HOUSING PROGRAM Applicant/Co-Applicant Privacy Policy

Privacy Policy

Your privacy is important to the Gulf Coast Renaissance Corporation, and maintaining your trust and confidence is one of our highest priorities. We respect your right to keep your personal information confidential and understand your desire to avoid unwanted solicitations. We hope that by taking a few minutes to read this policy, you will have a better understanding of what we do with the information you provide us and how we keep it private and secure.

The Gulf Coast Renaissance Corporation collects certain personal information about you because it is necessary for us to use that information when preparing forms and communicating with the various agencies as a part of the Long Term Workforce Program.

Examples of sources from which we collect information include:

- Application information, interviews and phone calls with you,
- Letters or e-mails from you, and
- Other questionnaires completed during the Long Term Workforce Housing Program

As a general rule, we do not disclose personal information about our clients or former clients to anyone. However, to the extent permitted by law certain nonpublic information about you may be disclosed to our partners, affiliates, agents, contractors and their respective assigns and to the Mississippi Development Authority, its employees, agents and contractors as necessary for final determination of your eligibility for and the amount of assistance under the Long Term Workforce Housing Program.

The Gulf Coast Renaissance Corporation protects all of its clients' confidential information. We use commercially reasonable safeguards on our computer system to prevent unauthorized access of confidential information. Although security cannot be guaranteed, we maintain physical, electronic, and procedural safeguards that comply with applicable professional standards.

NOTE: TRANSMISSION BY ELECTRONIC MAIL (EMAIL) OF SOCIAL SECURITY NUMBERS IS PROHIBITED. COMPLETED CONSENT FORMS MUST BE TRANSMITTED BY FACSIMILE TRANSMISSION, HAND DELIVERY, POSTAL SERVICE OR OTHER OVERNIGHT DELIVERY SERVICES.

MISSISSIPPI LONG TERM WORKFORCE HOUSING PROGRAM

Consent and Release Form, Nonpublic Personal Information Form

I (Applicant/Owner/Occupant) do hereby consent to and authorize the **Gulf Coast Renaissance Corporation**, its partners, affiliates, agents, contractors and their respective assigns (collectively "SUBRECIPIENT"), and the Mississippi Development Authority and its employees, agents, and contractors (collectively "MDA") as part of my application for the Long Term Workforce Housing Program (the "Program"), to request, access, review, disclose, release and share any and all Nonpublic Personal Information ("NPI"), whether provided by me in this application or by additional outside third parties with whom I may or may not have a relationship, as necessary for final determination of my eligibility for and the amount of assistance under the Program. I understand and acknowledge that any party disclosing information to the SUBRECIPIENT and MDA on my behalf is not responsible for any negligent misrepresentation or omission, and I agree to hold any such disclosing party harmless from and against all claims, actions, suits or other proceedings, and any and all losses, judgments, damages, expenses or other costs (including reasonable counsel fees and disbursements), arising from or in any way relating to their disclosure.

As part of this consent, I further authorize SUBRECIPIENT, MDA, and any other financial institution, lender, insurer, other government agency (federal or state), credit bureau, financial service provider or any other third party to obtain, use and disclose any of my NPI in their possession, as necessary, to enable SUBRECIPIENT and MDA to administer the Program and to enable SUBRECIPIENT to process my application.

I understand and acknowledge that MDA and SUBRECIPIENT may obtain, use and disclose any NPI received in its investigation of my application with third parties, including those referenced above, as necessary for final determination of my eligibility for and the amount of assistance under the Program.

I acknowledge that I have received and reviewed MDA'S and SUBRECIPIENT's privacy policies as they relate to my NPI and my right to privacy associated therewith. I also understand and acknowledge that, as part of those policies, my consent may be revoked at any time with written notice to, as applicable, MDA or SUBRECIPIENT. I further understand and acknowledge that any such revocation of this consent may affect my ability to receive assistance under the Program.

By completing and signing this application, I acknowledge and agree to the above and agree that this consent may be furnished on my behalf to any financial institution, lender, insurer, government agency (federal or state), credit bureau, financial service provider or other third party.

Applicant/Owner Signature

Applicant/Owner Name

Date

Co-Applicant/Co-Owner Signature

Co-Applicant/Co-Owner Name

Date



Equal Housing Opportunity

We Do Business in Accordance With the Fair Housing Act

(The Civil Rights Act of 1968, as amended by the Fair Housing Amendments Act of 1988)

IT IS ILLEGAL TO DISCRIMINATE AGAINST ANY PERSON BECAUSE OF RACE, COLOR, RELIGION, SEX, DISABILITY, FAMILIAL STATUS (HAVING ONE OR MORE CHILDREN), OR NATIONAL ORIGIN.

Anyone who feels he or she has been discriminated against should send a complaint to:
U.S. Department of Housing and Urban Development,
Assistant Secretary for Fair Housing and Equal Opportunity, Washington, DC 20410

HOUSEHOLD MEMBERS AFFIDAVIT

Head of Household's Name: _____

Head of Household's Birth Date _____

You have applied to live in a home that is governed by the MDA Long Term Workforce Housing Program.

This program requires us to certify all of your income and eligibility information as part of determining your household's eligibility. Programs requirements state we must verify each income source as well as other claims of eligibility. We must determine this prior to granting your eligibility.

COMPLETE THIS FORM IN ITS ENTIRETY:

I hereby declare the following person or persons lives within my household for more than 51% of the time. Therefore this person or persons should be included in my household number and their income should be calculated into my household income.

I attest that this information to be true and correct to the best of my knowledge.

Person (1) Name _____ Date of Birth _____

Person (1) Relationship to head of household _____

Person (2) Name _____ Date of Birth _____

Person (2) Relationship to head of household _____

Person (3) Name _____ Date of Birth _____

Person (3) Relationship to head of household _____

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing herein constitutes an act of fraud. False, misleading or incomplete information may result in repayment of program funds received.

Head of Household Signature Date

Printed Name

SWORN TO AND SUBSCRIBED before me on this the _____ day of _____, 20 _____.

NOTARY PUBLIC



Request for Verification of Employment

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et. seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et. seq., or 7 USC, 1821 et. seq. (if USDA/FmHA).

Instructions: Lender — Complete items 1 through 7. Have applicant complete item 8. Forward directly to employer named in item 1.
Employer — Please complete either Part II or Part III as applicable. Complete Part IV and return directly to lender named in item 2.
The form is to be transmitted directly to the lender and is not to be transmitted through the applicant or any other party.

Part I — Request

1. To (Name and address of employer)	2. From (Name and address of lender)
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I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party.

3. Signature of Lender	4. Title	5. Date	6. Lender's Number (Optional)
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I have applied for a mortgage loan and stated that I am now or was formerly employed by you. My signature below authorizes verification of this information.

7. Name and Address of Applicant (include employee or badge number)	8. Signature of Applicant
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Part II — Verification of Present Employment

9. Applicant's Date of Employment	10. Present Position	11. Probability of Continued Employment
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12A. Current Gross Base Pay (Enter Amount and Check Period)				13. For Military Personnel Only		14. If Overtime or Bonus is Applicable, Is Its Continuance Likely?
Annual — Monthly — Weekly				Pay Grade		
Hourly — Other (Specify)				Type	Monthly Amount	Overtime (Yes No) Bonus (Yes No)
12B. Gross Earnings				Base Pay	\$	15. If paid hourly — average hours per week
Type	Year To Date	Past Year	Past Year	Rations	\$	
Base Pay	\$	\$	\$	Flight or Hazard	\$	16. Date of applicant's next pay increase
Overtime	\$	\$	\$	Clothing	\$	
Commissions	\$	\$	\$	Quarters	\$	17. Projected amount of next pay increase
Bonus	\$	\$	\$	Pro Pay	\$	
Total	\$ 0.00	\$ 0.00	\$ 0.00	Overseas or Combat	\$	18. Date of applicant's last pay increase
				Variable Housing Allowance	\$	
19. Amount of last pay increase						

20. Remarks (If employee was off work for any length of time, please indicate time period and reason)

Part III — Verification of Previous Employment

21. Date Hired	23. Salary/Wage at Termination Per (Year) (Month) (Week)		
22. Date Terminated	Base	Overtime	Commissions Bonus
24. Reason for Leaving	25. Position Held		

Part IV — Authorized Signature - Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance of any guaranty or insurance by the VA Secretary, the U.S.D.A., FmHA/FHA Commissioner, or the HUD/CPD Assistant Secretary.

26. Signature of Employer	27. Title (Please print or type)	28. Date
29. Print or type name signed in item 26	30. Phone No.	

**CERTIFICATION OF ZERO INCOME
AFFIDAVIT**

(To be completed by adult household members only, if appropriate.)

Household Members Name: _____

Applicant Number: _____

1. I hereby certify that I do not individually receive income from any of the following sources:
 - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
 - b. Income from operation of a business;
 - c. Rental income from real or personal property;
 - d. Interest or dividends from assets;
 - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or Death benefits;
 - f. Unemployment or disability payments;
 - g. Public assistance payments;
 - h. Periodic allowances such as alimony, child support, or gifts received from persons not Living in my household;
 - i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
 - j. Any other source not named above.

2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

3. I will be using the following sources of funds to pay for housing and other necessities:

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Dated this the _____ day of _____, 200_____.

Signature

Print Name

SWORN TO AND SUBSCRIBED before me on this _____ day of _____, 200_____.

My Commission expires:

NOTARY PUBLIC

UNREPORTED INCOME AFFIDAVIT

Household Members
Name: _____

Applicant ID#: _____

You have applied to participate in the Long Term Workforce Housing Program. This Program requires certification of your income and eligibility information as part of determining your household's eligibility. Program requirements state we must verify each income source as well as other claims of eligibility.

We must determine this prior to granting your eligibility.

COMPLETE THIS FORM IN ITS ENTIRETY

I hereby declare the following income information to be true and correct to the best of my knowledge. Income counted towards income eligibility for the Long Term Workforce Housing Program is Anticipated total/gross income.

I did not file taxes on my income for the years of _____ and _____.
I work for cash and have no other formal accounting system to account for this income. _____ yes or _____ no.

Name of Business: _____

Type of Business: _____

Position Held: _____ Start Date: _____

Anticipated Total/Gross Weekly Income \$ _____

Anticipated Total/Gross Weekly Tips \$ _____

Anticipated Total/Gross Weekly Commissions \$ _____

Business Address: _____

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Household Members Signature

Date

Printed Name

SWORN TO AND SUBSCRIBED before me on this _____ day of _____, 200_____.

My Commission expires:

NOTARY PUBLIC

UNFILED TAX RETURN AFFIDAVIT

Household Members
Name: _____

Applicant ID#: _____

You have applied to participate in the Long Term Workforce Housing Program. This Program requires certification of your income and eligibility information as part of determining your household's eligibility. Program requirements state we must verify each income source as well as other claims of eligibility. We must determine this prior to granting your eligibility.

COMPLETE THIS FORM IN ITS ENTIRETY

I hereby declare the following income information to be true and correct to the best of my knowledge. Income counted towards income eligibility for the Long Term Workforce Housing Program is anticipated total/gross income.

I did not file taxes on my income for the years of _____.

Reasons for unfiled tax returns:

- Not Required to File
- Have not Filed
- Unreported Cash Earnings
- Filed Self-Prepared Tax Return with No Deductions

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Household Members Signature

Date

Printed Name

SWORN TO AND SUBSCRIBED before me on this _____ day of _____, 200_____.

My Commission expires:

NOTARY PUBLIC

SELF-EMPLOYMENT AFFIDAVIT

Household Member Name: _____ Applicant ID# _____

You have applied to live in a house that is governed by the Long Term Work Force Housing Program. This Program requires us to certify all of your income and eligibility information as part of determining your household's eligibility. Program requirements state we must verify each income source as well as other claims of eligibility. We must determine this prior to granting your eligibility.

COMPLETE THIS FORM IN ITS ENTIRETY

I hereby attach copies of my individual federal tax returns for the immediate preceding two calendar years for which self employment tax returns could have been filed (or, if not filed, were not required to be filed) and certify that the information shown in such income tax returns is true and complete to the best of my knowledge. Business income counted towards income eligibility for the Long Term Workforce Housing Program is net income from the operation of a business or profession, including cash withdraws from the business.

Name of Business: _____
Type of Business: _____
Position Held: _____ Start Date: _____
Anticipated Annual Income: \$ _____
Business Address: _____

Number of Self-Employment Federal Tax Returns filed in the last two years _____
_____ tax return income: \$ _____
(Year of) _____
_____ tax return income: \$ _____
(Year of) _____
Average: \$ _____

NOTE:

- If anticipated annual income is greater than the average of the tax returns, include the anticipated annual income.
- If anticipated annual income is less than the average of the tax returns, provide explanation; otherwise, include average of the tax returns.

Attach a copy of your SIGNED or electronically submitted Federal Tax Return including Profit/Loss Statement (Schedule C) for preceding two calendar years.
If this is a new business, you will need to provide an anticipated Profit/Loss Statement or a written business plan.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Head of Household Signature Date

Printed Name

SWORN TO AND SUBSCRIBED before me on this the _____ day of _____, 200__

NOTARY PUBLIC

My Commission expires.

MDA-LTWH

UNEMPLOYMENT COMPENSATION VERIFICATION

TO: MS Employment Security Commission
P.O. Box 23088
Jackson, MS 39217
Telephone: 601-321-6000
Fax: 601-321-6433

FROM:
PHONE:
FAX:

Household Members Name:
Applicant ID#:

Analyst Signature

In order to comply with federal regulations requesting verification of all income and allowances for residents of the Long Term Workforce Housing , please complete the following information and return as soon as possible to the above address in the envelope provided, or FAX to the number shown above. Thank You.

I hereby authorize release of any information requested by Mississippi Development Authority regarding my income and allowances.

Household Members Signature

Social Security Number

UNEMPLOYMENT BENEFITS COMPENSATION INFORMATION:

- 1. Current Status: (please check one)
Currently is Receiving Benefits:
Has Been Determined Ineligible for Benefits
Has Been Disqualified Until:

- Has Not Filed a Claim:
Has No Current Claim:
Has a Claim that is currently being contested:

2. GROSS Weekly Payment

\$

3. Date of Initial Claim

4. Duration of Benefits (# of weeks left)

5. Is the above signed eligible for further benefits?

Yes No

6. If Yes, How many weeks?

7. GROSS Weekly Amount:

\$

8. If No, on what date do the benefits terminate?

Signature of Person Verifying Information

Title

Telephone Number

Date

RENTAL INCOME AFFIDAVIT

Household Member Name: _____ Applicant ID#: _____

You have applied to live in a house that is governed by the Long Term Work Force Housing Program. This Program requires us to certify all of your income and eligibility information as part of determining your household's eligibility. Program requirements state we must verify each income source as well as other claims of eligibility. We must determine this prior to granting your eligibility.

COMPLETE THIS FORM IN ITS ENTIRETY

I hereby attach copies of my individual federal tax returns for the immediate preceding two calendar years for which Schedule E rental income tax returns could have been filed (or, if not filed, were not required to be filed) and certify that the information shown in such income tax returns is true and complete to the best of my knowledge. Business income counted towards income eligibility for the Long Term Workforce Housing Program is not income from the operation of a business or profession, including cash withdraws from the business.

Land Owners Name: _____

Address of the property _____

Renters Name _____ Start Date/End Date of Lease _____

Additional Property addresses _____

Renters Name _____ Start Date/End Date of Lease _____

Anticipated Annual Income: \$ _____

Number of Schedule E/Rental Income Federal Tax Returns filed in the last two years: _____

_____ tax return income: \$ _____
(Year of)

_____ tax return income: \$ _____
(Year of)

Average: \$ _____

NOTE:

- If anticipated annual income is greater than the average of the tax returns, include the anticipated annual income.
- If anticipated annual income is less than the average of the tax returns, provide explanation; otherwise, include average of the tax returns.

Attach a copy of your SIGNED or electronically submitted Federal Tax Return including (Schedule E) for preceding two calendar years.
If these are new rentals, you will need to provide an anticipated Third Party Prepared Schedule E.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Land Owners Signature Date

Printed Name

SWORN TO AND SUBSCRIBED before me on this the _____ day of _____, 200__.

NOTARY PUBLIC

My Commission expires: