Mississippi Home Corporation Request for Cash

Program: Section A: Gene	ral Information	on Frogram	Section B: Project Information						
		Cunon do oro	Grant No.	Project No.					
Recipient Mailing Address	Madison County Board Of S Post Office Box 608	Supervisors	*						
				Request No.					
Street Address	125 West North Street	Services Rendered		То	17				
City, State Zip	Canton, MS 39046		From	The	10	MHC Staff Initials			
Telephone No.	601-855-5500		40 Nov. 20	Thru	30-Nov-20				
Section C: Requ	est Per Activity		10-Nov-20		30-IV0V-20				
	Astirity Deposition	Budget Amount	Total Received to Date	This Request	Remaining Balance	Activity Numbers			
	Activity Description			Control of the Contro	<u> </u>	Address running			
1	Application Fee	\$5,000.00	\$5,000.00	\$0.00	\$0.00				
2	Bertha Luckett Matlock	\$130,000.00	\$128,250.00	\$0.00	\$1,750.00				
3	Mary Black	\$41,400.00	\$39,900.00	\$0.00	\$1,500.00	-			
4	Mary M. Austin	\$130,000.00	\$127,450.00	\$800.00	\$1,750.00				
5	Rose Zettera Williams	\$39,625.00	\$38,125.00	\$0.00	\$1,500.00				
6	Willie Ann Johnson	\$62,200.00	\$2,950.00	\$0.00	\$59,250.00				
7	Paulette Wales	\$47,500.00	\$44,450.00_	\$700.00	\$2,350.00				
8	Margie Brooks	\$49,275.00	\$44,450.00	\$1,875.00	\$2,950.00	· <u></u>			
9	Wallace Ross	\$0.00	\$0.00		\$0.00				
10	·	\$0.00	\$0.00	\$0.00	\$0.00				
	Total:	\$505,000.00	\$430,575.00	\$3,375.00	\$71,050.00				
					- The state of the				
THE RESERVE THE PERSON NAMED IN COLUMN 2 IS NOT THE PERSON NAMED I	plishement Narrative: (Please pro and Paulette Wales 100% Comp	ATTENDED TO THE REAL PROPERTY OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS	unis project						
Margle Brooks a	and Fadiette Wates 100% Comp	nete							
I I I arabii Car	416 . Thirt (a) the annihold according	al house have a server at heave	and have received from th	a Fodoral Covernmen	at/State Covernment or	expended for such convices			
under any oth	tify That (a) the services covere ner contract agreement or grant;	(b) the amount reque	sted will be expended for a	allowable costs / exper	nditures under the terms	s of the contract agreement or			
grant; (c) the	amount requested herein does	not exceed the total fu	nds obligated by contract;	and (d) the funds are	requested for only imme	ediate disbursements.			
I Hereby Certify	y That the goods sold and/or service	es rendered have been d	elivered and/or performed in g	ood order within the time	listed above and are in co	empliance with all statutory			
requirements a	nd regulations. I certify that this req	uest does not include an	y advances or funds for future	obligations. By signing	this report, I certify to t	he best of my knowledge and belief orth in the terms and conditions of			
the Federal av	vard. I am aware that any false, fi	ictitious, or fraudulent	information, or the omission	n of any material fact, n	nay subject me to crimin	al, civil or administrative penalties			
for fraud, faise	e statements, false claims or othe	erwise (U.S. Code Title	16, Section 1001 and Title 3	1, 5ections 3729-3730 a	11d 3001-3012).				
ls this your final	request for cash on this contract	?		YES	x	NO			
			·		James Curtis Smith	11/30/2020			
	Signature of Authorized Offic	ial	Date Signed		Prepared B	y Date Prepared			
	-Gerald Steen, President				601-214-5966				
	Typed Name and Title of Author				Preparer's Telepho	one No.			
To be completed by MHC Authorized Official									
	APPROVED BY:	Signature, Authorized MI	IC Representative	D	ATE:				
				D	ATE:				
	AUTHORIZED BY:	Signature, Authorized MI	IC Representative						
	IDIS APPROVED BY:			D	ATE:				
	and the second of the second o	Signature, Authorized MF	IC Representative		economic attaches				
IDIS Voucher Numbe		Issue/Series	Fund/Sub-Fund	Servicer					

Mississippi Home Corporation **Consolidated Support Sheet**

Program: Homeowner Rehabilitation Recipient dison County Board Of Supervisors

1228-M16-SG-280-045

Contract Number: Request for Cash Number: Total Amount Requested: \$3,375.00

IDIS#	Line Items	Vendor	Invoice #	Total Invoice	Amount of This Request	Match	Amount Budgeted	Total Received to Date	Balance
1010 #	Application Fee	Sunbelt R&D	HOME 1601	Total ilivoice	request	materi	\$5,000.00	\$5,000.00	\$0.00
The second section is a second	Total Administration	Cambail ride	THOME 1001	\$0.00	\$0.00	\$0.00	\$5,000.00	\$5,000.00	\$0.00
Home #1	Bertha Luckett Matlock	estechniko osobski sa sa su sale sa					\$130,000.00	\$128,250.00	\$1,750.00
		Sunbelt R&D						CARALLE COLORS SERVICE COLORS SERVICE	\$0.00
		KT Construction							\$0.00
									\$0.00
Home #1	PERSONAL PROPERTY.			\$0.00	\$0.00	\$0.00	\$130,000.00	\$128,250.00	\$1,750.00
Home #2	Mary Black		THE REPORT		BEET ET ET ME		\$41,400.00	\$39,900.00	\$1,500.00
		Sunbelt R&D							
		Sunbelt R&D							
		Skyline Innovations LLC					1.1 1.1 三型開始		
Home #2				\$0.00	\$0.00	\$0.00	\$41,400.00	\$39,900.00	\$1,500.00
Home #3	Mary M. Austin	billiaukaishina kuma					\$130,000.00	\$127,450.00	\$2,550.00
		Sunbelt R&D							
		KT Construction						建筑建设区域提供的	
		Chisholm Engineering	1	\$800.00	\$800.00	CHICKEN HA		The Carlotte Constitution of the Carlotte Con	
									\$0.00
Home #3			100	\$800.00	\$800.00	\$0.00	\$130,000.00	\$128,250.00	\$1,750.00
Home #4	Rose Zettera Williams						\$39,625.00	\$38,125.00	\$1,500.00
		Sunbelt R&D				19 Ac 2460 1	a taligation of the state of t		
		Sunbelt R&D							
		Skyline Innovations							\$0.00
11				60.00	00.00	00.00	\$39,625.00	\$38,125.00	\$1,500.00
Home #4	NACIO A LA			\$0.00	\$0.00	\$0.00	\$39,625.00	\$2,950.00	\$59,250.00
Home #5	Willie Ann Johnson		200 00000000000000000000000000000000000		Processor Control (Alto		\$62,200.00	\$2,950.00	\$59,250.00
		Sunbelt R&D					ar Canada e Lead o Britania (1966). Salah salah sebagai salah salah salah		\$0.00
	-								\$0.00
									\$0.00
Home #5				\$0.00	\$0.00	\$0.00	\$62,200.00	\$2,950.00	\$59,250.00
				\$5,00	\$ 0.00	\$3.00	4 02,200.00	\$341.675.00	

Hereby Certify That (a) the services covered by this request have not been received from the Federal / State Government or expended for such services under any other contract agreement or grant; (b) the amount requested will be expended for allowable costs / expenditures under the terms of the contract agreement or grant; (c) the amount requested herein does not exceed the total funds obligated by contract; and (d) the funds are requested for only immediate disbursements.

I Hereby Certify That the goods sold and/or services rendered have been delivered and/or performed in good order within the time listed above and are in compliance with all statutory requirements and regulations. I certify that this request does not include any advances or funds for future obligations.

		James Curtis Smith			
Signature of Authorized Official	Date Signed	Prepared By			
Gerald Steen, President		601-214-5966			
Typed Name and Title of Authorized Official		Preparer's Telephone No.			

Page 2

Mississippi Home Corporation Consolidated Support Sheet

Program:

Homeowner Rebabilitation

Recipient dison County Board Of Supervisors

Request for Cash Number:

17

Contract Number:

1228-M16-SG-280-045

Total Amount Requested:

\$3,375.00

IDIS#	Line Items	Vendor	Invoice #	Total Invoice	Amount of This Request	Match	Amount Budgeted	Total Received to Date	Balance
Home #6	Paulette Wales						\$47,500.00	\$44,450.00	\$3,050.00
		Sunbelt R&D	1614	\$700.00	\$700.00				\$700.00
		Skyline Inovations	2		THE				
									\$0.00
Home #6				\$700.00	\$700.00	\$0.00	\$47,500.00	\$44,450.00	\$2,350.00
Home #7	Margie Brooks						\$49,275.00	\$44,450.00	\$4,825.00
		Sunbelt R&D	1614	\$1,875.00	\$1,875.00				\$1,875.00
		K&T Construction	3188						
									\$0.00
Home #7				\$1,875.00	\$1,875.00	\$0.00	\$49,275.00	\$46,325.00	\$2,950.00
Home #8	Wallace Ross				ar i li sa cadare da		\$0.00	\$0.00	\$0.00
									60.00
									\$0.00 \$0.00
Home #8				\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
THE RESERVE OF THE PERSON NAMED IN				\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
Home #9									\$0.00
									\$0.00
									\$0.00
				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
				V 0.00			TOT REQ TO DTE		
Additional									
		GRAND TOTAL		\$3,375.00	\$3,375.00	\$0.00	\$505,000.00	\$433,950.00	\$71,050.00
	Services Rendered - Beg		-20	7-1		vember 30, 2020			
		-				Faucia (=)	\$433,950.00	1	
	0	\$433,950.00	am Expendi		\$0.00	Equals (=)	2-50 2000 From 2	,	
	Cumulative:	Program Expenditures		Matching Ex	penditures		Total Expenditures		
erms of the co	ontract agreement or grant; (c) the	d by this request have not been receive ne amount requested herein does not e services rendered have been delivered	xceed the total funds	obligated by contract; and	d (d) the funds are requested	for only immediate disburseme	ents.		***
	Signature	of Authorized Official		Date Signed		ames Curtis Smith Prepa	red By	-	
	Gerald Steen, Presi				60	1-214-5966		_	
	Typed Name and Title o	f Authorized Official				Preparer's Te	elephone No.		

INVOICE

CHISHOLM ENGINEERING 2500 Sand Hill Road, Lexington, MS 39095 PH.: 662-299-7070

Date: 11/30/20

To: Madison County Board of Supervisors

Re: Survey of Rosie Mae Austin residence located at 955 Old Highway 16, Canton, Mş 39046 for the HOME program.

Completed: Survey of Rosie Mae Austin parcel including corners set and property lines marked.

Total Due: \$800.00

Sincerely, Chisholm Engineering

Ronnie Chisholm

Form (Rev. October 2018) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	Name (as shown on your income tax return). Name is required on this line; do not leave in Ronald A. Chisholm	as line blank.											
	2 Business name/disregarded entity name, if different from above												
on page 3.	tollowing seven boxes.								4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any)				
ype.	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶								(11 (2)	·y/			
Print or type. Specific Instructions on page	Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC it the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.							Exemption from FATCA reporting code (if any)					
ecif	Other (see instructions) ▶					іАрріню (с	accoun	fa monte	m ~ 0	utside lite	(2.0)		
Š	5 Address (number, street, and apt, or suite no.) See instructions.		Request	er's n	ame ar	nd addr	ess (o	otiona	i)				
See	2500 Sand Hill Road												
0)	6 City, state, and ZIP code												
	Lexington, MS 39095												
	7 List account number(s) here (optional)												
		······································											
Par													
Enter	your TIN in the appropriate box. The TIN provided must match the name given on	line 1 to av	oid [Soc	ial seci	urity nu	mber	7	_		\dashv		
reside	p withholding. For individuals, this is generally your social security number (SSN). Intalien, sole proprietor, or disregarded entity, see the instructions for Part I, later.	For other	<i>3</i> " a	5	8 7	-	6 4	-	6	2	7 5		
entitie	s, it is your employer identification number (EIN). If you do not have a number, see	e How to ge	ta L			JL		_]			Ш		
TIN, la			r	o <u>r</u>		1					 ,		
	If the account is in more than one name, see the instructions for line 1. Also see I	What Name	and L	Emt	Employer identification number						┥		
Numb	er To Give the Requester for guidelines on whose number to enter.				-								
Par	II Certification	· · · · · · · · · · · · · · · · · · ·	i			1 1							
	penalties of perjury. I certify that:							····					
	number shown on this form is my correct taxpayer identification number (or I am	waiting for	a numbe	er to i	be issi	led to	mel:	and					
2. I an Ser	n not subject to backup withholding because: (a) I am exempt from backup withholding lece (IRS) that I am subject to backup withholding as a result of a failure to report longer subject to backup withholding: and	oldina, or (b)	I have r	tot be	een no	tified l	oy the	Inter	nal ed m	Reven ne thai	ue I am		
3.1 an	n a U.S. citizen or other U.S. person (defined below); and												
4. The	FATCA code(s) entered on this form (if any) indicating that I am exempt from FAT	TCA reportin	g is corr	ect.									
you ha	ication instructions. You must cross out item 2 above if you have been notified by the ave failed to report all interest and dividends on your tax return. For real estate transaction or abandonment of secured property, cancellation of debt, contributions to an interest and dividends, you are not required to sign the certification, but you mus	tions, item 2 dividual retir	does no ement ar	t app range	oly. For ement	mortg (IRA), a	age ir ind gi	iteres eneral	t pai ly, p	d, aymen	ts.		
Sign Here			Date ►	-	1/3	1/	20	70	ク				
Ge	neral Instructions • Form 1	099-DIV (di	vidends,	inclu	uding 1	hose f	rom s	tocks	or	mutua	l		

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Sunbelt Research and Development Consortium, Inc.

717 Thomas Lane Madison, MS 39110 601-214-5966 Fax: 601-898-3761

SERVICE FOR:
Project Administration
Submitted BY:

INVOICE NUMBER HOME 1614
Source 1228-M16-SG-280-045
TAX NUMBER 64-0660259
JOB DESCRIPTION Project Administration.]
DATE [11/30/2020]

BILL TO:

Madison County Board of Supervisors Post Office Box 608 Canton, MS 39046

DATE	SERVICE DESCRIPTION	Amount	Rate	AMOUNT
11/30/20	Construction Complete Paulette Wales Margie Brooks	700 1875	1.00 1.00	700.00 1875.00
				\$2,575.00 TOTAL DUE

MAKE CHECKS PAYABLE TO: Sunbelt Research and Development Consortium, Inc.