### EUP-3
**MISSOURI HOUSING DEVELOPMENT COMMISION**
**EXTENDED USE PERIOD**

**ANNUAL OCCUPANCY REPORT (Only for Developments NOT reporting on line)**

Report Covering Period **(ALL APPLICABLE FIELDS MUST BE COMPLETED)**

**Property Number**

**Property Name**

**Property Address**

**Owner Name**

**Owner Address**

**Management Agent**

**Management Phone Number**

**Total Number of Units**

**Management Tax ID Number**

<table>
<thead>
<tr>
<th>Building ID Number</th>
<th>Unit Number</th>
<th>Unit Sq Ft</th>
<th># of Bdrm</th>
<th>Move In Date</th>
<th>Move Out Date</th>
<th>Head of Household Full Name</th>
<th>Age of Head of HH</th>
<th>Date of Last Cert</th>
<th>Initial Cert</th>
<th>Gross Annual Income at MI</th>
<th>Gross Annual Income at Recert for Mixed Properties Only</th>
<th>Monthly Tenant Paid Rent</th>
<th>Rent Assis. Type</th>
<th>Unit Type</th>
<th>50% Unit</th>
<th>60% Unit</th>
<th>Over 60% MHDC Waiver Must Accompany Report</th>
<th>Race Ethnic Data*</th>
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*11=White; 12=Black/African American; 13=Asian; 14=American Indian/Alaska Native; 15=Native Hawaiian/Other Pacific Islander; 16=American Indian/Alaska Native & White; 17=Asian & White; 18=Black/African American & White; 19=American Indian/Alaska Native & Black; 20=Other Multi Racial; 21=Asian & Native Hawaiian/Pacific Islander; 22=Hispanic; **(PBA=Project Based Assistance; TBA=Tenant Based Assistance) ***(Low income; M=Market)
Electronic Submission Agreement and Disclosure: Once signed, a scanned version of this document may be submitted electronically to MHDC via email to compliance.exhibits@mhdc.com. If submitted as such, the undersigned agrees that the signature thereon is to be treated as an original signature; and the document (in the form of a photocopy, PDF, or other electronic form) is to be treated as an original document with the same legal effect and enforceability as the original signed document. Regardless, MHDC in its sole and absolute discretion reserves the right to request an original signed hard copy of the document as it deems necessary. The undersigned is responsible for retaining the original signed hard copy in his/her files.

By signing below, I swear/affirm that the above information in this certification and any attachments are true and made UNDER PENALTY OF PERJURY.

Owner Signature: ________________________________

STATE OF MISSOURI                               )
County of________________________     )

The foregoing instrument was acknowledge before me this ___ of _____, 20___ by __________________________ Member of ______________
Owner(s) Name __________________ Owner(s) Entity __________________
My commission expires: ______________ Notary Public __________________________