

**Exhibit I - Unit Certification**

Property Name:	Property Number:
Property Address:	Date:

**This form must be completed at the time of the initial occupancy certification of all tax credit units.  
 This form should be placed in the tenant file and made available to MHDC upon request.**

<p>This Unit Certification is being executed in connection with the undersigned's application for the occupancy of Unit</p> <p><b>1.</b> Number _____ in the _____ project.          The State of Missouri has issued Building Identification Number of _____ by MHDC.</p>	
<p><b>2.</b> The information indicated below is an accurate description of the physical and financial conditions of the unit as of the date occupied by the _____ household.</p>	
<b>(a)</b> Term of Lease: _____	
<b>(b)</b> Total Number of Rooms: _____ Bedrooms: _____ Baths: _____	
<b>(c)</b> Approximate square foot of rental area: _____ No. of occupants: _____	
<b>(d)</b> Equipment (check if applicable):	
Refrigerator	Stove
Dishwasher	Fireplace
Disposal	Other: _____
<b>(e)</b> Services included in rent: _____	
<b>(f)</b> Utilities (CHECK to indicate if paid by Owner):	
Heating	Hot Water
Cooking	Sewer
Other: _____	Air Conditioning
Cold Water	Lighting
Trash	Washer/Dryer
Garage	_____
<b>(g)</b> The following boxes should be initialed if the parties agree that the unit appears to satisfy local health, safety and building codes: _____ Owner _____ Resident	
<b>3.</b> List the following financial information for the unit:	
<b>(a)</b> Total rent charged for the unit: \$ _____	<b>(d)</b> Type of rental assistance, (if any) \$ _____
<b>(b)</b> Actual rent paid by Resident: \$ _____	<b>(e)</b> Utility allowance: \$ _____
<b>(c)</b> Amount of rental assistance, (if any) \$ _____	<b>(f)</b> Gross income (from Exhibit B) \$ _____
<b>Owner/Representative</b>	<b>Resident</b>
Signature: _____ Date: _____	Signature: _____ Date: _____
Print Name: _____	Print Name: _____
Owner Tax ID#: _____	Last four digits of Social Security #: _____