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| **AHAP-371****HOME SALE CERTIFICATION** |

MHDC AHAP No.

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

The undersigned hereby (certify) (certifies) that:

1. This Unit Certification is being delivered in connection with the undersigned’s application for the occupancy of LIHTC Unit No. in the project. The address of the particular building where the unit is located is , State of Missouri.
2. 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.
3. Mortgage Term:
4. Number of Rooms  Bedrooms  Baths
5. Approximate square foot of rental area:  No. of occupants
6. Equipment (check if applicable):

Refrigerator  Air Cond  Garage  Stove

Dishwasher  Disposal  Washer/Dryer Connections

Fireplace  Other  Drape/Blinds

 (f) Utilities

Heating: Electric or Gas Hot Water Electric or Gas

Cooking Electric or Gas Air Cond. Type

Utility Provider: Electric Gas

 Cold Water Lighting

 Sewer  Trash

1. The following boxes should be initialed if the parties agree that the unit appears to satisfy local health, safety and building codes:

Seller  Buyer

1. List the following financial information for the unit:
2. Total mortgage charged for the unit $.
3. Mortgage payment limit restriction $.
4. Property Tax (if any) $Name of Taxing Authority. Parcel #
5. Insurance Name of Insurance Provider.

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1. Gross household income at move in
2. Gross household income 2 years prior

**Seller Head and Co-Head**

 **of Homebuyer Household**

By:

Date Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner Tax I.D. # Social Security Number