

**AFFORDABLE HOUSING ASSISTANCE PROGRAM**  
**AHAP-365**  
**UNIT CERTIFICATION**

AHAP No. \_\_\_\_\_

**This form must be completed upon the occupancy of all AHAP 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 AHAP 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.

(a) Term of Lease: \_\_\_\_\_

(b) Number of Rooms \_\_\_\_\_ Bedrooms \_\_\_\_\_ Baths \_\_\_\_\_

(c) Approximate square foot of rental area: \_\_\_\_\_ No. of occupants \_\_\_\_\_

(d) Equipment (check if applicable):

Refrigerator	Air Cond	Garage	Stove
Dishwasher	Clubhouse	Disposal	Drape/Blinds
Washer/Dryer	Fireplace	Pool	Other

(e) Services included in rent: \_\_\_\_\_

(f) Utilities (indicate if paid by Owner):

Heating	Hot Water	Air Cond.	Cold Water
Cooking	Sewer	Lighting	Trash

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

Owner                      \_                      Tenant

3. List the following financial information for the unit:

(a) Total rent charged for the unit      \$ \_\_\_\_\_.

(b) Actual rent paid by Tenant            \$ \_\_\_\_\_.

(c) Amount of rental assistance, (if any) \$ \_\_\_\_\_.

(d) Type of rental assistance, (if any) \_\_\_\_\_.

(e) Estimated utility allowance            \$ \_\_\_\_\_.

(f) Gross income (from Exhibit B)        \$ \_\_\_\_\_.

**OWNER**

**TENANT**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**By:** \_\_\_\_\_  
\_\_\_\_\_

**By:** \_\_\_\_\_  
\_\_\_\_\_

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Owner Tax I.D. #:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_