

Qualified Contract Request Application – QCP-3

Please complete and return with the required documentation to:

Missouri Housing Development Commission

Please direct questions to: Program Compliance Administrator

Phone: 816.759.6856

1. Name, address an	d LIHTC number of I	Property:				
Property Na	me:					
Addr						
LIHTC Property Num						
2. Information on pa	artners in the owner	ship entity: (please lis	t any additional partne	ers on an attachmer	nt)	
Nam	e:					
Addres	ss:					
Phone Numbe	er:	Email:				
Ownership Typ	e: General Pa	rtner Limited P	artner			
Nam	e:					
Addres	ss:					
Phone Numbe	er:	Email:				
Ownership Typ	e: General Pa	rtner Limited P	Limited Partner			
Nam	e:					
Addres	SS:					
Phone Numbe	er:	Email:				
Ownership Typ	e: General Pa	General Partner Limited Partner				
3. Property Details:						
a.) How many bu	uildings are on the pr	operty?				
b.) Please indicat		at each building was p	laced in service and th	e first year in which	credits were	
Are copies of	original 8609's for e	ach building available	upon request: Yes	No		
Building Identification No. (BIN)	Placed in Service Date	1 st Year Credits Claimed	Building Identification No. (BIN)	Placed in Service Date	1 st Year Credits Claimed	

	Yes No	
d.)	Is the property mixed income (contains unrestricted units)? Yes No	
e.)	Does the partnership agreement or other legal documentation permit any form of preference for property? (For example, a right of first refusal granted to a nonprofit partner.) Yes No If Yes, please provide the relevant documentation and information on the individual or entity holding	
=	Name:	
	Address 1:	
	Address 2:	
	Phone Number:	
f.)	Does the partnership agreement or other legal documentation provide for any form of agreement to for less than Fair Market Value? Yes No If yes, please provide the relevant documentation and information on the individual or entity holding.	
_	Name:	
	Address 1:	
	Address 2:	
	Phone Number:	
	If yes, attach copy of waiver. If No, explain below.	
	ii yes, attacii copy oi waivei. ii ivo, explaili below.	
4. Nor	ncompliance:	
4. Nor a.)	ncompliance: Does the property have any uncorrected 8823 violations filed with the IRS? Yes No	
	ncompliance:	Violation Date
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b.) Does the property have project based rental assistance If Yes, please describe below the program details. Also,	e? Yes No please submit a copy of the contract authorizing the assistance.
Please provide any additional information that may influence	the sale of this property.
information provided herein or in connection herewith is true at MHDC and its assigns against all losses, costs, damages, and lia out of, or relating to MHDC's acceptance, consideration, appropriate the mandatory waiting period to find a qualified buyer will	ity, to the best of my knowledge and belief, that all factual nd correct and that I will at all times indemnify and hold harmless bilities of any nature directly or indirectly resulting from, arising oval, or disapproval of this Application. I understand and agreed not begin until all items required have been submitted and fully days from the posting of the property being placed for sale or nters its extended use period.
To complete the application, I have attached the following docum	ents:
a) copies of all uncorrected 8823s with evidence of resoluti	on;
b) interior and exterior photos;	
 c) narrative description to include financing, equity contributions; 	utions, unit structure and current rent levels,
d) location map;	
e) site plan andf) name and contact information of the current owner and	management company.
.,	
Owner:	Ву:
Signature:	Date:
Printed Name of Signatory:	
,	
STATE OF MISSOURI)
	, ss.
County of)
The foregoing instrument was acknowledged before me this	day of , 20 , by
My Commission expires:	
(SEAL)	Notary Public