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| **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.
3. Term of Lease:
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 ClubhouseDisposal  Drape/Blinds

Washer/Dryer Fireplace  Pool  Other

1. Services included in rent:

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

Heating Hot Water Air Cond.  Cold Water

Cooking  Sewer Lighting  Trash

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

Owner Tenant

1. List the following financial information for the unit:
2. Total rent charged for the unit $.
3. Actual rent paid by Tenant $.
4. Amount of rental assistance, (if any) $.
5. Type of rental assistance, (if any) .
6. Estimated utility allowance $.
7. Gross income (from Exhibit B) $.

**OWNER TENANT**

By:

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

Owner Tax I.D. # Social Security Number