

<b>AHAP-371 HOME SALE CERTIFICATION</b>
---

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.

(a) Mortgage Term: \_\_\_\_\_

(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	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	

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

Seller

Buyer

3. List the following financial information for the unit:

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

(b) Mortgage payment limit restriction \$ \_\_\_\_\_

(c) Property Tax (if any) \$ \_\_\_\_\_ Name of Taxing Authority \_\_\_\_\_ Parcel # \_\_\_\_\_

(d) Insurance \_\_\_\_\_ Name of Insurance Provider \_\_\_\_\_ .

(e) Gross household income at move in \_\_\_\_\_

(f) Gross household income 2 years prior \_\_\_\_\_

**Seller**

**Head and Co-Head  
of Homebuyer Household**

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

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

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

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

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

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

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

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