



EUP-3
MISSOURI HOUSING DEVELOPMENT COMMISSION
EXTENDED USE PERIOD
ANNUAL OCCUPANCY REPORT (Only for Developments NOT reporting on line)
Report Covering Period _____ to _____
(ALL APPLICABLE FIELDS MUST BE COMPLETED)

Property Number	_____	Owner Name	_____
Property Name	_____	Owner Address	_____
Property Address	_____	_____	_____
County	_____	Management Agent	_____
Total Number of Units	_____	Phone Number	_____
		Management Tax ID Number	_____

Building ID Number	Unit Number	Unit Sq Ft	# of Bdrm	Move In Date	Move Out Date	Head of Household Social Security Number	Head of Household Full Name	Age of Head of Hshld. DOB	# in HH	Date of Last Cert	Initial Cert Y Or N	Gross Annual Income at M/I	Gross Annual Income At Recert Mixed Properties only	Monthly Tenant Paid Rent	Amount of Rental Subsidy	Utility Allow.	Rent Asst. Type PBA**	Unit Type L or M***	50% Unit Y or N	60% Unit Y or N	Over 60% <u>MHDC Waiver Must Accompany Report</u>	Race Ethnic Data*		

*11=White; 12=Black/African American; 13=Asian; 14=American Indian/Alaska Native; 15=Native Hawaiian/Other Pacific Islander; 16=American Indian/Alaska Native & White; 17=Asian & White; 18=Black/African American & White; 19=American Indian/Alaska Native & Black; 20=Other Multi Racial; 21=Asian & Native Hawaiian/Pacific Islander; 22=Hispanic ***(PBA=Project Based Assistance; TBA=Tenant Based Assistance) *** (Low income; M=Market)

If you or someone you know served in the U.S. Armed Forces, we encourage you to visit <http://veteranbenefits.mo.gov> or call (573) 751-3779 to learn about available resources.

Electronic Submission Agreement and Disclosure: Once signed, a scanned version of this document may be submitted electronically to MHDC via email to compliance.exhibits@mhdc.com. If submitted as such, the undersigned agrees that the signature thereon is to be treated as an original signature; and the document (in the form of a photocopy, PDF, or other electronic form) is to be treated as an original document with the same legal effect and enforceability as the original signed document. Regardless, MHDC in its sole and absolute discretion reserves the right to request an original signed hard copy of the document as it deems necessary. The undersigned is responsible for retaining the original signed hard copy in his/her files.

By signing below, I swear/affirm that the above information in this certification and any attachments are true and made UNDER PENALTY OF PERJURY.

Owner Signature: _____

STATE OF MISSOURI)
) ss.	
County of _____)
The foregoing instrument was acknowledge before me this ___ of ____, 20__ by _____ Member of _____	
Owner(s) Name _____ Owner(s) Entity _____	
My commission expires: _____	Notary Public _____