

**EXHIBIT 3YDP- 3-Year Decontrol Period
ANNUAL OWNERS CERTIFICATION OF CONTINUING COMPLIANCE**

Property Name: _____ Property Number: _____

Property Address: _____ Date: _____

Certification Dates: From: 0 _____ To: 0 _____

Please Complete and submit Form To: MISSOURI HOUSING DEVELOPMENT COMMISSION

Attention: Compliance/Asset Management Support

Address: 505 N. 7th , Suite 2000, St. Louis, MO 63101

Phone: 314-877-1350

THIS SECTION MUST BE COMPLETED BY THE OWNER

I, _____, (Owner) certify that all provisions pursuant to IRC Section 42(h)(6)(E)(ii) with the Land Use Restriction Agreement and Good Cause Eviction Provisions were accomplished as follows:

If a low-income unit in the property became vacant during the year; the prior existing low-income household did not vacate due to an eviction or termination of residency for less than "good cause."

YES **NO**

All remaining low-income units in the property have remained rent-restricted under the Final Schedule II or no increase was implemented above 7% annually.

YES **NO**

NOTE: Please attach the annual rent roll covering this certification period.

Date Property began 3-year Decontrol Period: _____

NOTE: Failure to complete this form in its entirety will result in noncompliance with the agreed upon requirements. Signature of anyone other than the property owner is not permitted without the prior written approval of MHDC.

Owner : _____

Address: _____

Tax Identification Number: _____

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.



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.

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) Entity	_____ Owner(s) Name
My commission expires: _____	_____ Notary Public