

Exhibit P – Request for Common Use Unit

Property Information			
Property Name:		Property Number:	
Property Address:			Date:
Total number of units in development:			
Total number of market-rate units:		Total number of LIHTC Units:	
Total number of currently approved Common Use Units in development:			
Common Use Unit Information			
	Request	Remove	Change
Identify which type of Common Use Unit is being requested or cancelled:			
Management	Maintenance	Security Unit	
What size of unit is being requested or cancelled:			Unit square footage:
Unit number or address:			
Unit Building Identification Number (BIN):			
Fill out the following for each type of requested unit:			
Is the employee full-time?	Yes	No	Work hours: Number of hours per week:
Number of people in the household:			
REQUEST For a Full-Time Management Unit:			
Provide a narrative of why the unit is needed:			
Provide a narrative of what duties and responsibilities this person will have:			
REQUEST For a Maintenance Unit:			
Provide a narrative of why the unit is needed:			
Provide a narrative of what duties and responsibilities this person will have:			
Will any maintenance work be performed by contractors?	Yes	No	If yes, please identify below:
Request for a Security Unit:			
Provide a narrative of why the unit is needed:			
Provide a narrative of what duties and responsibilities this person will have:			
Provide a copy of a crime report for the immediate area, copy of the security contract and credentials/resume or contract for individual who will be providing security.			

NOTE: If this is a multi-building development, please provide a building layout map indicating the building in which the requested unit is located.

Electronic Submission Agreement and Disclosure: Once signed, a scanned version of this document may be submitted electronically to MHDC via email. If submitted as such, the undersigned agrees that the signature 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 as deemed necessary. The undersigned is responsible for retaining the original signed hard copy in his or her files.

Requested by:	
Signature of Owner/Authorized Representative:	Date:
Printed Name:	
Contact Phone Number:	
Please submit all requests by fax, mail, or email to the following address: MHDC-LIHTC-Asset Management 1201 Walnut Street, Suite 1800 Kansas City, MO 64106 Email address: cmaupins@mhdc.com Fax: 816-889-2468	