EUP-3
MISSOURI HOUSING DEVELOPMENT COMMISION
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 _____
Property Name _____
Property Address _____
_____
County _____
Total Number of Units

Owner Name _____
Owner Address _____
_____
_____
Management Agent _____
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 TBA**	Unit Type L or M***	50% Unit Y or N	60% Unit Y or N	Over 60% MHDC Waiver Must Accompany Report	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)