

EXHIBIT I – UNIT CERTIFICATION

Property Name: _____ Property Number: _____
Property Address: _____ Date: _____

This form must be completed upon the initial occupancy 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 executed in connection with the undersigned's application for the occupancy of Unit No. _____ in the _____ project. The State of Missouri has issued Building Identification Number of _____ by MHDC.
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) Term of Lease: _____

(b) Total Number of Rooms: _____ Bedrooms: _____ Baths: _____

(c) Approximate square foot of rental area: _____ No. of occupants: _____

(d) Equipment (check if applicable):

Refrigerator	<input type="checkbox"/>	Air Cond	<input type="checkbox"/>	Garage	<input type="checkbox"/>	Stove	<input type="checkbox"/>
Dishwasher	<input type="checkbox"/>	Clubhouse	<input type="checkbox"/>	Disposal	<input type="checkbox"/>	Drape/Blinds	<input type="checkbox"/>
Washer/Dryer	<input type="checkbox"/>	Fireplace	<input type="checkbox"/>	Pool	<input type="checkbox"/>	Other	<input type="checkbox"/>

(e) Services included in rent: _____

(f) Utilities (CHECK to indicate if paid by Owner):

Heating	<input type="checkbox"/>	Hot Water	<input type="checkbox"/>	Air Cond.	<input type="checkbox"/>	Cold Water	<input type="checkbox"/>
Cooking	<input type="checkbox"/>	Sewer	<input type="checkbox"/>	Lighting	<input type="checkbox"/>	Trash	<input type="checkbox"/>
Other	<input type="checkbox"/>	_____					

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

Owner _____ Resident _____

3. List the following financial information for the unit:

- (a) Total rent charged for the unit: \$_____.
- (b) Actual rent paid by Resident: \$_____.
- (c) Amount of rental assistance, (if any) \$_____.
- (d) Type of rental assistance, (if any) _____.
- (e) Estimated utility allowance: \$_____.
- (f) Gross income (from Exhibit B) \$_____.

OWNER

Signature of Owner/Representative

Printed

Date:

Owner Tax I.D. #

RESIDENT

Signature of Resident

Printed

Date:

Social Security Number