

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 _____ Property Name _____ Property Address _____ _____ County _____ Total Number of Units _____	Owner Name _____ Owner Address _____ _____ Management Agent _____ Phone Number _____ Management Tax ID Number _____
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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	Gross Annual Income at M/I	Gross Annual Income At Recert	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% <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)