

**MISSOURI HOUSING DEVELOPMENT COMMISSION  
EXHIBIT A-9 - RENTAL HOUSING PROGRAMS APPLICATION**

**EXPERIENCE SUMMARY -- OWNER / DEVELOPER / PROPERTY MANAGER**

(Entity Name)  
(Entity Street Address)  
(Entity City, State Zip)

Entity Type (one)  Individual  
 Partnership  
 Corporation

Proposed Role in Development:  Owner  Developer  Property Manager Federal ID# / SS#

| Development Name<br>City, State | Development<br>Number | Date Acquired<br>or Constructed | Unit Count      |        |                 | Financing Sources/<br>Government Programs | Current<br>Occup. % | Participation Period |     | Any Foreclosure,<br>Default, Lawsuits?* |    |
|---------------------------------|-----------------------|---------------------------------|-----------------|--------|-----------------|---|---------------------|----------------------|-----|---|----|
|                                 |                       |                                 | Low<br>Income** | Market | Special<br>Need |   |                     | From:                | To: | Yes                                     | No |
|                                 |                       |                                 |                 |        |                 |   |                     |                      |     |   |    |
|                                 |                       |                                 |                 |        |                 |   |                     |                      |     |   |    |
|                                 |                       |                                 |                 |        |                 |   |                     |                      |     |   |    |
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|                                 |                       |                                 |                 |        |                 |   |                     |                      |     |   |    |

\* If "Yes" in any case, provide full details on the back of this form or on a separate sheet.  
EXHIBIT A-9 (Form FIN-105) (REV 11/18/2008)

\*\* Restricted to Low-Income occupants.  
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| Development Name<br>City, State | Development<br>Number | Date Acquired<br>or Constructed | Unit Count      |        |                 | Financing Sources/<br>Government Programs | Current<br>Occup. % | Participation Period |     | Any Foreclosure,<br>Default, Lawsuits?* |  |    |
|---------------------------------|-----------------------|---------------------------------|-----------------|--------|-----------------|---|---------------------|----------------------|-----|---|--|----|
|                                 |                       |                                 | Low<br>Income** | Market | Special<br>Need |   |                     | From:                | To: |   |  |    |
|                                 |                       |                                 |                 |        |                 |   |                     |                      |     | Yes                                     |  | No |
|                                 |                       |                                 |                 |        |                 |   |                     |                      |     | Yes                                     |  | No |
|                                 |                       |                                 |                 |        |                 |   |                     |                      |     | Yes                                     |  | No |
|                                 |                       |                                 |                 |        |                 |   |                     |                      |     | Yes                                     |  | No |
|                                 |                       |                                 |                 |        |                 |   |                     |                      |     | Yes                                     |  | No |
|                                 |                       |                                 |                 |        |                 |   |                     |                      |     | Yes                                     |  | No |
|                                 |                       |                                 |                 |        |                 |   |                     |                      |     | Yes                                     |  | No |
|                                 |                       |                                 |                 |        |                 |   |                     |                      |     | Yes                                     |  | No |
|                                 |                       |                                 |                 |        |                 |   |                     |                      |     | Yes                                     |  | No |

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