

IDAHO HOUSING AND FINANCE ASSOCIATION
IHFA Common Area/Staff Unit Status Affidavit

Date: _____
Development Number: _____ Development Name: _____
Ownership Entity: _____

- Type of Request: (choose one)
 Request a common area staff unit (Please complete Part I only)
 Change/Removal of a common area staff unit (Please complete Part II only)

Part I: Request of Common Area Staff Unit

- 1) Type of Request: (choose one) Manager's Unit Maintenance Unit Security Unit
- a) Building Identification Number (BIN): _____ Unit #: _____
b) Number of bedrooms: _____ Square footage: _____
c) Employee Name: _____
d) Percentage of time referenced employee will dedicate to the referenced development: _____%
e) Previous tax status of this unit: Previously claimed credits Never claimed credits
f) Has this unit previously been a revenue producing unit? Yes No
- 2) Is there currently a manager's, maintenance, or security unit on site? Yes No
- a) If yes, how many and what type? _____
b) If yes, in what building(s)? BIN# _____
c) If yes, what unit number(s)? _____
- 3) Will the manager/maintenance staff/security officer be considered full time? Yes No
- a) If yes, please provide definition of full-time. _____

- 4) What is the reason for the Development modification and how will the residents benefit from the inclusion of this staff unit?
Note: Supporting documentation must be submitted with the request.

- 5) Will the requested unit(s) be charged rent? Yes No
6) Will the requested unit(s) be charged utilities? Yes No

Part II: Change/Removal of Common Area Staff Unit

- 1) Indicate type of request: Change staff unit location or occupant Convert staff unit to low-income unit
- 2) Indicate location and occupant of **current** Staff Unit:
- a) Manager's Unit Maintenance Unit Security Unit
b) Building Identification Number (BIN): _____ Unit #: _____
c) Number of bedrooms: _____ Square footage: _____
d) Employee Name: _____
- 3) If requesting a change in staff unit, please complete the following:
- a) Manager's Unit Maintenance Unit Security Unit
b) Building Identification Number (BIN): _____ Unit #: _____
c) Number of bedrooms: _____ Square footage: _____
d) Employee Name: _____
- 4) If requesting to convert a staff unit to low-income unit, please state reason for request:

Owner's/Owner's Representative Name (Printed) Owner's/Owner's Representative Signature Signature Date