

**HOUSING TAX CREDIT PROGRAM
CERTIFICATION OF
TAX CREDIT SUMMARY REPORT (HTC 13)**
Complete one form for each building.

Year of Compliance Period (1-30)

Report Year _____

Name of Project: _____ HTC #: _____

Address of Building: _____ (BIN): MN- _____

Legal Name of Owner: _____ SSN or Tax ID #: _____

(A) Total Units in building* _____

	(B) Qualified Occupied <i>Units occupied by qualified tenants</i>	(C) Qualified Vacant <i>Vacant units last occupied by qualified tenants</i>	(D) Unqualified Occupied <i>Units occupied by unqualified tenants</i>	(E) Unqualified Vacant <i>Vacant units never occupied or last occupied by unqualified tenants</i>	(F) % of Qualified Occupancy <i>(B) plus (C) divided by (A). Format decimal to 3 places</i>
January	_____	_____	_____	_____	_____
February	_____	_____	_____	_____	_____
March	_____	_____	_____	_____	_____
April	_____	_____	_____	_____	_____
May	_____	_____	_____	_____	_____
June	_____	_____	_____	_____	_____
July	_____	_____	_____	_____	_____
August	_____	_____	_____	_____	_____
September	_____	_____	_____	_____	_____
October	_____	_____	_____	_____	_____
November	_____	_____	_____	_____	_____
December	_____	_____	_____	_____	_____

* Do not include Manager/Caretaker units, or non-rental units used as models or office if they were designated as such in the application for credits. These units are treated as common use space and are not counted in the numerator or denominator for purposes of calculating the applicable fraction. The sum of (B), (C), (D), and (E) should equal (A) for each month.

(G) Number of Common Space Unit(s) _____

(1) Low Income Unit Percentage %

For first year credit period - sum of (F) Jan. - Dec., divided by 12
For remaining years - (F) Dec. only

(2) Low Income Square Foot Percentage %

Calculate square foot percentage from Tax Credit Summary Report
*Add the square footage for all qualified occupied and qualified vacant units as of December 31.
Divide by the total residential square footage in the building. Format to 3 decimal places.*

For first year credit period calculate for each month, Jan. - Dec., divide by 12

(3) Applicable Fraction %

Lesser of (1) or (2)

The undersigned, being duly authorized to sign for the owner, has executed this Tax Credit Summary Report and certifies, **under penalty of perjury**, that the foregoing is true and correct, in all respects, this _____ day of _____, _____.

OWNER: _____

Title (please print)

Signature

Phone Number: _____

(Print name of Signator): _____

MHFA will not accept this certification if it is not signed by the owner or general partner of the owner. MHFA may request documentation of signatory authorization. If the authorized signatory has changed, please submit documentation.