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 #: ___________________________

<table>
<thead>
<tr>
<th>(B)</th>
<th>(C)</th>
<th>(D)</th>
<th>(E)</th>
<th>% of Qualified Occupancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qualified Occupied</td>
<td>Qualified Vacant</td>
<td>Unqualified Occupied</td>
<td>Unqualified Vacant</td>
<td>(B) plus (C) divided by (A). Format decimal to 3 places</td>
</tr>
<tr>
<td>Units occupied by qualified tenants</td>
<td>Vacant units last occupied by qualified tenants</td>
<td>Units occupied by unqualified tenants</td>
<td>Vacant units never occupied or last occupied by unqualified tenants</td>
<td></td>
</tr>
</tbody>
</table>

* 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.

Certification of Tax Credit Summary Report MHFA HTC 13 (1/02)