

This report informs Minnesota Housing of daily HAF Assistance Withdrawals. Complete all required information for each Bond Series.

Date: _____
 To: _____
 Servicer Name: _____
 Contact Name & Phone #: _____

Total Assistance: \$ _____

Appropriated Assistance \$ _____ RHFB Assistance \$ _____

Bond Series	HAF	BOND SERIES	HAF	Bond Series	HAF
2005EW9		95CD		RHFB95A	
1990ABC		95GHI		1994T	
RHFB05GHI		1997GH		RHFB04ABC	
92HI		95JKL		1998CDE	
RHFB05JKLM		1998FGH-2		RHFB02EF	
RHFB95AB		96ABC		RHFB HOFLOOD	
RHFB95CD		96DEF		99BCDEF	
90DE		2000IJ		RHFB02AB	
RHFB95JKL		1994E		98FGH-1	
91ABC		2004EW8		1999HI	
RHFB05JKLM-2		2001AB		2000GH	
RHFB05OP		96GH		1999JK	
RHFB06ABC		RHFB05ABC		RHFB02AB-1	
92EFG		ALF 2 W6		RHFB03ABC	
92BCD (1)		1997ABC		2000ABC	
92BCD (2)		RHFB04EFG		2006EW15	
93BC		1995M		2006EW16	
94ABC		NON-COMPLIANT		2006EW14	
94FG		1997DEF			
94HIJ		RHFB03IJ			
94KLM		1997IJKL			
94NOP		2001E-SF			
94QRS		1998AB			
95AB		1996JK			
Total		Total		Total	

Appropriate Total \$ _____

RHFB Total \$ _____

Total Assistance \$ _____