



**Minnesota Housing Finance Agency
Deferred Loan Owner Certification**

Certification Dates:	From:		To:	
Property Name:			MHFA No:	
Property Address:			City:	Zip:

Owner Name _____

Owner Address _____

Part I. CERTIFICATION OF RENT, INCOME AND PROPERTY INSURANCE

Owner of the above property hereby certifies the following are true and correct:

- Owner has solicited information regarding the income of those individuals who reside in the designated development and has confirmed the validity of such information.
 Yes No
- The individuals who reside in the designated development meet the guidelines for income as originally specified in the Regulatory Agreement, Loan Repayment and Mortgage, and/or Declaration of Covenants Conditions and Restrictions.
 Yes No
- If applicable, the units meet guidelines for rent and unit mix as originally specified in the Regulatory Agreement or Loan Repayment and Mortgage.
 Yes No
- Owner has not sold, transferred or conveyed any portion of its interest in the development without previously obtaining written approval from the Minnesota Housing Finance Agency.
 Yes No
- Owner has obtained and maintains in force and effect the required insurance on the designated development and the policies are endorsed with a standard mortgagee clause with loss payable to MHFA, or shows MHFA as a named insured, and that, where appropriate, public liability, boiler, fire, extended coverage, burglary and theft insurance are in force.
 Yes No N/A*

Name of Insurance Co.

Policy No(s):

*Not applicable **only** for HOME Rental Rehabilitation loans. If the property has other Minnesota Housing financing, you must answer yes or no.

Below, note any change in owner, management or service provider:

OWNER

Date of Change:	
Owner Entity Name:	
Owner Address:	
City, state, zip:	
Owner contact:	
Phone	
Fax:	
Email:	

MANAGEMENT COMPANY

Date of Change:	
Management Co. Name:	
Management Address:	
City, state, zip:	
Management Contact:	
Phone:	
Fax:	
Email:	

SERVICE PROVIDER

Date of Change:	
Service Provider Name:	
Provider's Address:	
City, State, zip:	
Service Provider Contact:	
Phone	
Fax	
Email	