

Date: _____

Minnesota Housing Loan #: _____

PROPERTY ADDRESS_____
Street City_____
County Zip**OWNER NAME**_____
Last First MI**OWNER ADDRESS**_____
Street City_____
County Zip**Part I. CERTIFICATION OF RENTS**

By executing this form, Owner of the above property hereby certifies the following is true and correct:

1. All rents charged are equal to or below \$_____ (“Affordable to the Local Work Force”). Affordable to the Local Work Force is the amount determined by the Minnesota Housing Finance Agency in accordance with Minn. Rules Parts 4900.3610, subp. 2, and 4900.3646, subp. 2(D), as amended or revised.
2. These rents will not be increased without the written permission of the Minnesota Housing Finance Agency in accordance with Minn. Rule 4900.3652, subp. 2, as amended or revised.

Part II. SIGNATURES_____
Signature of Owner Date