

400 Wabasha Street North, Suite 400 St. Paul, MN 55102 P: 800.657.3769 F: 651.296.8139 | TTY: 651.297.2361 www.mnhousing.gov

## **PROOF OF PAYMENT**

Dated:		Project Name/Address:		
CHECK ONE ONLY:		as partial payment for labor, skill a	and n	naterial furnished
		as full and final payment for all lab furnished	oor, s	kill and material furnished or to be
The undersigned her	eby ac	knowledges receipt of the sum of	\$	
		Total Contract Sum:	\$	
		Total Amount Paid to Date (including this payment):	\$	
		Balance of Contract Sum:	\$	

The undersigned affirms that all material furnished by the undersigned has been paid for, and all subcontractors retained by the undersigned have been paid in full.

By:	
Signature of Authorized Signer	Please sign and return to:
	Minnesota Housing Finance Agency
Print Authorized Signer Name and Title	400 Wabasha Street N, Suite 400
Company Name (if applicable)*:Address:	St. Paul, MN 55102-1109 Attn: <u>lauren.phillippi@state.mn.us</u>
Phone: Tax ID No.	