



Date: April 2018

To: Local Housing and Redevelopment Authority (HRA) or Public Housing Authority (PHA)

From: Minnesota Housing Finance Agency (Minnesota Housing)

Re: **Local HRA/PHA Notice and Agreement to Utilize the Public Housing and Section 8 Waiting Lists**

Minnesota Housing is the primary administrating authority for the state's Housing Tax Credit Program (HTC). HTC offers a ten year reduction in income tax liability to owners and investors of eligible low income rental housing developments involving new construction, substantial rehabilitation, or acquisition with substantial rehabilitation. Owners must elect to serve households with incomes at or below 60% or 50% of Area Median Income (AMI), adjusted for household size. Section 42 of the Internal Revenue Code, which governs HTC requires Minnesota Housing to give preference to owners who agree to utilize the local HRA or PHA waiting list to identify eligible individuals and households to fill vacant units. This would occur on an ongoing basis in developments assisted by HTC.

The owner of the proposed development completes, signs, and submits to the HRA/PHA the Agreement to Utilize the Public Housing and Section 8 Waiting List (Agreement) to demonstrate their willingness to cooperate with the local HRA/PHA to place eligible households in vacant units. Upon award of funds and construction completion, the local HRA/PHA may refer eligible households to the proposed development.

Minnesota Housing encourages the local HRA/PHA to carefully review the Agreement before signing and fully executing the document. Once the HRA/PHA signs and fully executes the Agreement, the HRA/PHA returns it to the owner for submission to Minnesota Housing. It is recommended that both the owner and the HRA/PHA retain copies of the completed Agreement to serve as a record of promised cooperation, if the proposed development is funded and developed.

As part of the selection process, Minnesota Housing welcomes comments from the local HRA/PHA regarding this proposal. The HRA/PHA may include comments either with the signed Agreement that is returned to the owner or by mail to Minnesota Housing. If comments are included with the Agreement, the owner will forward them to Minnesota Housing.

Please address comments to: Minnesota Housing
Multifamily Housing Resource Application
Attn: Tamara Wilson
400 Wabasha Street North, Suite 400
Saint Paul, MN 55102
Email: tax.credits@state.mn.us

If you have any questions, please contact Summer Jefferson at summer.jefferson@state.mn.us or 651.296.9790.

Development and Ownership Information	
Owner Name	
Contact Person	
Phone	
Address	
City, State, Zip Code	, ,
Development Name	
Address	
City, Zip Code	, ,

	%	%	
# of Restricted Units	Income Restriction	Rent Restriction	Housing Type (apt, townhomes)

# of 0 Bedrooms	# of 1 Bedrooms	# of 2 Bedrooms	# of 3 Bedrooms	# of 4 Bedrooms

Development will serve the following tenant population(s) (check all that apply):

# of Units Family	# of Units Elderly	# of Units Persons with Disabilities	# of Units Permanent Supportive Housing for Homeless	# of Units Other:
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HRA/PHA	
HRA/PHA Name	
Contact Person	
Phone	
Address	
City, State, Zip Code	

Signatures (Required)

The owner has executed this Agreement to Utilize the Public Housing and Section 8 Waiting Lists to demonstrate their willingness to work in cooperation with the local HRA/PHA to utilize the waiting lists to identify eligible households that may occupy vacant units. Upon completion of the development, the local HRA/PHA may refer eligible households to the proposed development.

Owner Signature

HRA/PHA Signature

Name of Owner Signatory

Name of HRA/PHA Signatory

Title

Title

Date

Date

Local HRA/PHA

Please provide any comments on this proposal in the space provided below. Submitting comments is optional. If submitted, include it with the Agreement or in separate correspondence to Minnesota Housing.

Development Name	
Address	
City, State, Zip	,
Name of Authority	
Name of Chief Executive Officer	
Title	
Phone Number	
Address	
City, State, Zip	,

Comments:

Dated: _____

By: _____

Title: