STATE OF MINNESOTA
Real Estate Brokerage Trust Account Report

Name of Financial Institution: _____

Address of Financial Institution: _____

Contact Name: _____ Email: _____

Phone #: _____ Quarter End Date: _____

Account Name of Real Estate Broker or Real Estate Firm	Average Account Balance for Report Period	Average Interest Rate	Amount of Interest Earned	Amount of Service Charge	Amount of Remittance Each Account

TOTAL REMITTANCE ALL ACCOUNTS: _____

Mail To: Housing Trust Fund
Minnesota Housing Finance Agency
PO Box 64104
St. Paul, MN 55164-0104

A computer-prepared report is acceptable if this format is followed.