



## State Housing Tax Credit Contribution Application

*This application form is for reference purposes only.*

The State of Minnesota offers a tax credit to eligible taxpayers to encourage investment in affordable housing throughout Minnesota. The credit is equal to 85% of the amount contributed by the taxpayer to the Minnesota Housing tax credit contribution account during the taxable year. The minimum amount a taxpayer may contribute is \$1,000 and the maximum amount is \$2,000,000 per taxable year. "Taxpayer" means a taxpayer as defined in [Minnesota Statute 290.01, subdivision 6](#), or a taxpayer as defined in [Minnesota Statute 297I.01, subdivision 16](#). Consult with a tax professional if you need additional information about eligible taxpayers.

Taxpayers may indicate that a contribution is intended for a specific project. Please note that the project must meet all program and statutory criteria. Refer to the State Housing Tax Credit Program and Contribution Fund Guide for more information. Contributions that are not able to be used by the specified project will be added to the general contribution pool and awarded to other qualified projects through a competitive application process. Minnesota Housing Finance Agency ("Minnesota Housing") will not return contributions to taxpayers if a loan to the specified project is recaptured or canceled. All contributions are irrevocable.

The taxpayer must claim the credit for the taxable year in which the contribution payment is received by Minnesota Housing. If the amount of the credit exceeds the taxpayer's tax liability under [Minnesota Statutes, Chapter 290](#), the excess is a credit carryover to each of the ten succeeding taxable years. Please refer to [Minnesota Statute 290.0683](#) and consult with a tax professional for additional requirements.

Minnesota Housing will review the application for tax credit certificates (TCC's). After review, Minnesota Housing will send the Taxpayer Certification and Signature form and payment submission instructions. Funds and the Taxpayer Certification and Signature form must be received by Minnesota Housing within 30 days, or by December 29, 2023, whichever is sooner.

## Taxpayer Information

Name of taxpayer to appear on tax credit certificate (Individual or Business Name, DBA Name): \_\_\_\_\_

Taxpayer is (select one): ☐ Individual taxpayer ☐ Business entity

Federal Employer Identification Number (business entities only): \_\_\_\_\_

Minnesota ID Number (business entities only): \_\_\_\_\_

Social Security Number (individual taxpayers only): \_\_\_\_\_

Individual Tax Identification Number (individual taxpayers only): \_\_\_\_\_

Taxpayer's taxable year of contribution: \_\_\_\_\_

Taxpayer contact first name: \_\_\_\_\_

Taxpayer contact last name: \_\_\_\_\_

Title: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

Country: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Zip/postal code: \_\_\_\_\_

## Contribution Information

Amount of total contribution: \$\_\_\_\_\_

Contribution is for (select one):

☐ General Contribution Pool, no project specified

☐ Specific Qualified Project:

- Type of project: ☐ single-family      ☐ multifamily
- Name of project: \_\_\_\_\_
- Developer/Owner/Administrator Name: \_\_\_\_\_
- Contact telephone number: \_\_\_\_\_
- Contact email address: \_\_\_\_\_
- Other project information: \_\_\_\_\_
- Describe your participation or affiliation in the project, if any\*: \_\_\_\_\_

\*Applicants have the option to upload organization document(s)

## Taxpayer Acknowledgement and Certification

**Tennessen Warning:** We are requesting data from you to determine if you are eligible for a state tax credit under the State Housing Tax Credit Program and Contribution Fund and to allocate funds in the manner required by Minnesota law. You are not required to provide the requested information, but your failure to do so may result in Minnesota Housing being unable to evaluate your eligibility for a tax credit certificate pursuant to the criteria developed under the program's enabling legislation and rules. Your data may be shared between Minnesota Housing, the Minnesota Department of Revenue, and other parties that Minnesota Housing deems necessary in order to ensure that funds are allocated only as permitted by Minnesota law. It may also be shared upon court order or provided to the state or legislative auditor.

**Privacy Act Notice:** Minnesota Housing is authorized to collect private data, which may include your social security number if voluntarily provided, by the Minnesota Government Data Practices Act (Minnesota Statutes Chapter 13) and by Minnesota Statutes 290.0683 and 462A.40. Your private data, as defined by the Minnesota Government Data Practices Act, is being collected by Minnesota Housing to determine your eligibility for a tax credit under the State Housing Tax Credit Program and Contribution Fund and to facilitate the allocation of funds to qualified projects as permitted by state law.

**Consent to Release Tax Credit Certificate Application Data:** You are requesting a certificate to claim a tax credit under Minnesota tax laws.

To help verify your status as an eligible taxpayer for this credit, Minnesota Housing needs to share the data on this application with the Minnesota Department of Revenue. Certain data on this application is considered private or nonpublic data and therefore cannot be provided to Revenue without your permission. The data provided to the Minnesota Department of Revenue is limited to the information contained on this application, and its use is limited to the verification of eligibility for the State Housing Tax Credit. Once you authorize Minnesota Housing to share the data, Minnesota Housing may share the data with the Minnesota Department of Revenue. You have the right to not provide consent by refusing to sign this consent form, however, refusal may limit Minnesota Housing's ability to verify your eligibility for this credit and issuance of the tax credit certificate. Minnesota Housing and Revenue may not release the data to any other parties without your permission, except as authorized by statute, including but not limited to the Minnesota Government Data Practices Act, or pursuant to a court order. Minnesota Housing may also share your data with other parties that Minnesota Housing deems necessary in order to ensure that funds are allocated only as permitted by Minnesota law as well as the state or legislative auditor. If you have any questions about how your data may be shared please contact Minnesota Housing at [MNHousing.Data@state.mn.us](mailto:MNHousing.Data@state.mn.us).

I give my permission for Minnesota Housing to provide information contained on this application to the Minnesota Department of Revenue; and I understand that this data will be used to verify my status as a taxpayer eligible to claim the Minnesota Housing Tax Credit.

**Information Sharing Authorization:** To administer the State Housing Tax Credit Contribution program, Minnesota Housing must share information about you with the Minnesota Department of Revenue. By signing below, you authorize the sharing of private and/or nonpublic data between the two agencies.

- I certify that all information provided herein is true and accurate, to the best of my knowledge.
- I certify that I am, or the entity on behalf of which I am signing this form is, a taxpayer as defined in [Minnesota Statute 290.01, subdivision 6](#) or in [Minnesota Statute 297I.01, subdivision 16](#).
- I affirm that I have authority to sign this form on behalf of the taxpayer.
- I acknowledge that all contributions are irrevocable and that if I specified the contribution is to be used for a specific project Minnesota Housing is not required to return the contribution if the contribution is not able to be used for the specified project or if the loan is recaptured or canceled.
- I acknowledge and agree to the Consent to Release Tax Credit Certificate Application Data and Information Sharing Authorization.

☐ I acknowledge

Printed name and title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_