

**FORM B: FORM OF INDEPENDENT AUDITOR'S REPORT
FOR FINAL ALLOCATION**

(must be submitted with Final Allocation Package on Accounting Firm's letterhead)

Date: _____
Owner Name: _____
Type of Entity: _____
Project Name: _____ Owner's TIN: _____

We have audited the New Mexico Mortgage Finance Authority's ("MFA") 2004 Housing Tax Credit Final Allocation Package (the "Package") for the above-referenced project. The forms included in this Package are the responsibility of the Project's Owner. Our responsibility is to express an opinion on the Package, including the Final Cost Certification ("Form A") based on our audit.

We have conducted our audit in accordance with generally accepted auditing standards. Those standards include that we plan and perform the audit to obtain reasonable assurance that the Package is free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures included in the Package. An audit also includes assessing the accounting principles used and significant estimates made by the Owner, as well as evaluating the overall presentation of the Package. We believe that our audit provides a reasonable basis for our opinion.

The accompanying Form A has been prepared for the purpose of complying with, and on the basis of, requirements specified by MFA and is not intended to be a presentation in conformity with generally accepted accounting principles. These requirements specify that eligible basis includes only those costs, determined in accordance with Section 42 of the Internal Revenue Code of 1986, as amended.

In our opinion, the accompanying Form A presents fairly, in all material respects, the project's total development costs of \$_____ [aggregate basis of \$_____ (PAB projects only)] and eligible basis of \$_____, on the basis of accounting described above.

We are independent, as that term is defined in professional standard, with respect to this project.

This report is intended solely for filing with MFA and should not be used for any other purpose.

Name of Professional's Firm Date

Signature of Professional Title of Signatory

Printed Name of Signatory