

NEW MEXICO MORTGAGE FINANCE AUTHORITY

<p>State of New Mexico</p> <p>Affordable Housing Tax Credit Transfer Form</p>	<p>MFA USE ONLY</p> <p>Project No. _____</p> <p>Original Approved Tax Credit Amount: _____</p> <p>Available Balance: _____ Date: _____</p> <p>Balance Verified By: _____</p> <p>Transfer Approved By: _____</p>
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Assignor (current voucher holder)

Name of Assignor: _____			
FEIN	New Mexico CRS ID No.	SSN	
Contact Person		Title	
Address		City	State Zip Code
Telephone Number	Fax Number	E-mail	

Transfer

Original Voucher Date:	Original Voucher Number:	Original Voucher Amount: (A)	Credits Claimed to date: (B)
Previous Transfer(s) Amount(s): (C)	Previous Transfer(s) Date(s):		Available Balance to Transfer: (A-B-C)

Amount of Tax Credits Sold or Transferred	Sold/Transferred To	Discount Rate	Sale Price	MFA USE ONLY: Approved Transfer Number
\$		%	\$	
\$		%	\$	
\$		%	\$	

Total Amount of Credits to Be Transferred: \$ _____

Certification

• I certify that I am an authorized representative of the Assignor and am authorized to make the statement of affirmation contained herein.
 • I hereby agree to allow representatives of the NM MFA access to the property and applicable records as may be necessary for the administration of this program.
 • I certify under penalties of perjury that the above statements, information contained in this document and attachments are complete, true, and correct to the best of my knowledge and belief.

Assignor Signature	Title
Print Name	Date

Notarized Statement

State of New Mexico)
)
)ss
 County of _____ City of _____)

This instrument acknowledged before me this _____ day of _____, 20____,
 by _____ as _____
 of _____

My Commission expires _____

 Notary Public

Assignee

Name of Assignee:		Contact Person:	
Address	City	State	Zip Code
Telephone Number	Fax Number	E-mail	

Please complete the section below that describes your filing status at the time the contribution was made

1.) A Corporation filing New Mexico Corporate Income and Franchise tax return (Form CIT)
 Corporation name: _____ CRS ID No.: _____ FEIN: _____

2.) An entity filing New Mexico Income and Information Return for Pass-through Entities (Form PTE)
 (Complete pass-through entity information below, attach an additional sheet if necessary to include all members, partners, or shareholders)
 Business name and owner: _____ CRS ID No.: _____ FEIN: _____

3.) An individual or entity filing a New Mexico Fiduciary Return (Form FID)
 Individual name: _____ FEIN: _____

4.) A business or corporation filing New Mexico Combined Report System Return (Form CRS-1)
 Business name and owner: _____ CRS ID No.: _____

5.) An individual filing New Mexico Personal Income Tax Return (Form PIT-1)
 Individual name: _____ SSN: _____

6.) An eligible company filing NM Enhanced 911 Services Surcharge Return (Form RPD-41114)
 Company name: _____ CRS ID No.: _____

7.) A telecommunications company filing NM Telecommunication Relay Service Surcharge Return (Form RPD-41116)
 Company name: _____ CRS ID No.: _____

Pass-through Entity Information (attached additional sheets as needed if any entity listed below is also a pass-through entity)

Name(s)	Social Security Numbers	% Ownership
		%
		%
		%
		%
		%
		%

Certification

- I certify that I am an authorized representative of the Assignee and as such am authorized to make the statement of affirmation contained herein.
- I certify under penalties of perjury that the above statements, information contained in this document and attachments are complete, true, and correct to the best of my knowledge and belief.

Assignee Signature	Title
Print Name	Date

Notarized Statement

State of New Mexico)
)ss
 County of _____ City of _____)

This instrument acknowledged before me this _____ day of _____, 20____,
 by _____ as _____
 of _____

My Commision expires _____

 Notary Public