

EXHIBIT J-1 – MANAGEMENT AGENT AUTHORIZED REPRESENTATIVE DESIGNATION

Property
Name:

Property Number:

Management
Company
Name:

Dated this ___ day of _____, 20__

I, _____, duly recognized as authorized signatory of the Management Company referenced above, hereby authorize the following individual(s) to act as representative and signatory to required management documents for the property listed above in my behalf:

Name of Authorized Representative	Title of Authorized Representative	Address of Authorized Representative (If different than below)	Phone # of Authorized Representative	Signature of Authorized Representative

I understand that this authorization will remain in effect until revoked by an authorized representative in writing.

Electronic Submission Agreement and Disclosure: Once signed, a scanned version of this document may be submitted electronically to MHDC via email. **If submitting the document as part of a Transfer of Physical Assets (TPA), please include with your TPA package submitted to TPA@mhdc.com. If submitting the document as part of a Management Certification Application, please submit to managementapp@mhdc.com. If updating the document, please submit to compliance.exhibits@mhdc.com.** If submitted as such, the undersigned agrees that the signature thereon is to be treated as an original signature; and the document (in the form of a photocopy, PDF, or other electronic form) is to be treated as an original document with the same legal effect and enforceability as the original signed document. Regardless, MHDC in its sole and absolute discretion reserves the right to request an original signed hard copy of the document as it deems necessary. The undersigned is responsible for retaining the original signed hard copy in his/her files.

Signature of Authorized Signatory of Management Company

Name of Signatory (please print)

Title of Signatory

Management Company Address

City, State and Zip

STATE OF MISSOURI)
) ss.
County of)

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by

My commission expires: _____
(S E A L)

Notary Public