

EXHIBIT A-6 – AUTHORIZATION TO RELEASE COMPLIANCE STATUS INFORMATION

The below referenced management company is applying to become a certified management agent for the purpose of managing projects funded and/or monitored for compliance by the Missouri Housing Development Commission (MHDC).

For all non-MHDC certified management companies that operate in states other than Missouri, **it is the responsibility of the undersigned management company to do the following:**

1. Complete Section I and the return date in Section II (attaching additional documentation if necessary) and send the form to MHDC with your TPA request or request for change of management agent;
2. Send copies of the form to ALL pertinent agencies in the states that the management company has operated in before. This includes: HUD, state housing finance agencies, state human rights commissions (if applicable), and housing authorities.
3. Please have the requisite state agencies send the form to MHDC Asset Management Department – 505 N. 7th Street, 20th Floor, Suite 2000, St. Louis, MO 63101 or email tewing@mhdc.com upon completion. **It is the responsibility of the undersigned management company to make sure these forms are sent out AND returned to MHDC in a timely manner. Please fill in the return date in Section II below that works within your timeframe.**

Section I.

The undersigned hereby authorizes the agency named below to release to MHDC information regarding any low-income housing development that the agency monitors and in which _____ has participated or is currently participating. The undersigned has worked as a management agent in the following states:

State	Agency Completing Form	Agency Contact Information
State	Agency Completing Form	Agency Contact Information
State	Agency Completing Form	Agency Contact Information
	Agency Completing Form	Agency Contact Information
State	Agency Completing Form	Agency Contact Information
State	Agency Completing Form	Agency Contact Information
Management Company Name		
Principal's Signature	Principal's Printed Name	Date

Section II

Please return to MHDC no later than _____. (Date to be completed by management company)

AGENCY RESPONSE TO REQUEST (to be completed by AGENCY ONLY)

Agency Name: _____ Contact: _____

Address: _____ Phone: _____

1. This agency has experience with this management company Yes No
(If answered No, it is not necessary to complete lines 2-4)

2. Notice(s) of violation have been issued in the past 36 months in the following categories:

	Corrected	Non-Corrected
<input type="checkbox"/> Major violations of health, safety and building codes	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Refusal to lease to Section 8 voucher holders	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Violation under the Fair Housing Act	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Leasing to unqualified tenants	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lack of proper documentation	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> General noncompliance with governing regulations	<input type="checkbox"/>	<input type="checkbox"/>

3. List properties that are currently out of compliance. Explain: _____

4. This management company has identified a pattern of noncompliance findings either corrected or non-corrected.

Explain: _____

5. This management company has been debarred and or suspended. Explain: _____

6. Additional information. Attach additional information as necessary. _____

This response represents this agency's evaluation of the Principal's compliance status as of _____

Prepared By Name

Title

Date

This documentation can be mailed to:

MHDC Asset Management Department – 505 N. 7th Street, 20th Floor, Suite 2000, St. Louis, MO 63101
Your prompt response and any information you are able to share is greatly appreciated.