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:

<table>
<thead>
<tr>
<th>State</th>
<th>Agency Completing Form</th>
<th>Agency Contact Information</th>
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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)

<table>
<thead>
<tr>
<th>AGENCY RESPONSE TO REQUEST (to be completed by AGENCY ONLY)</th>
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<tbody>
<tr>
<td>Agency Name: _______________________________ Contact: _______________________________</td>
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<tr>
<td>Address: ___________________________________ Phone: ___________________________________</td>
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</tbody>
</table>

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:
   - ☐ Major violations of health, safety and building codes  ☐ Corrected ☐ Non-Corrected
   - ☐ Refusal to lease to Section 8 voucher holders
   - ☐ Violation under the Fair Housing Act
   - ☐ Leasing to unqualified tenants
   - ☐ Lack of proper documentation
   - ☐ General noncompliance with governing regulations

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.