

Exhibit J-1 – Management Agent Authorized Representative Designation

| Property Information | |
|--------------------------|------------------|
| 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:

| Authorized Representative | | |
|--|--------|---------------|
| Name: | Title: | |
| Address (if different than Mgmt. Company address below): | | Phone Number: |
| Signature: | | Date: |

| Authorized Representative | | |
|--|--------|---------------|
| Name: | Title: | |
| Address (if different than Mgmt. Company address below): | | Phone Number: |
| Signature: | | Date: |

| Authorized Representative | | |
|--|--------|---------------|
| Name: | Title: | |
| Address (if different than Mgmt. Company address below): | | Phone Number: |
| Signature: | | Date: |

| Authorized Representative | | |
|--|--------|---------------|
| Name: | Title: | |
| Address (if different than Mgmt. Company address below): | | Phone Number: |
| Signature: | | Date: |

| Authorized Representative | |
|--|---------------|
| Name: | Title: |
| Address (if different than Mgmt. Company address below): | Phone Number: |
| Signature: | Date: |

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. 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. *If submitting the document as part of a Transfer of Physical Assets (TPA), please include it with your TPA package. If the document is NOT part of a TPA, please complete and submit this form via upload in MHDC's Asset Management Reporting System (AMRS).*

| | |
|--|-------|
| Signature of Authorized Signatory of Management Company: | Date: |
| Name of Signatory (please print): | |
| Title of Signatory: | |
| Management Company Address: | |

STATE OF MISSOURI _____)
 _____) ss.
 County of _____)

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

My Commission expires: _____
 (SEAL)

 Notary Public