

## Exhibit L – Authorized Representative Designation

Current Date: \_\_\_\_\_

Project Information:				Update/Correction	
Property Name:				LIHTC Number:	
Address:				Property Status:	
County:				Urban/Rural:	
Units:	LIHTC	Market	HOME	Total # of units:	
Organization Type:	For-Profit	Non-Profit			
Non-Profit Status:	501(a) Exemption	501(c)(3) Organization		501(c)(4) Organization	
Occupancy Type:	Family	Elderly			
Property Type:	Single Family Detached Units		Multifamily	Duplex	
	Single Story Row Units		Walk-Up Apartments	Elevator Building	
	Townhouse- Two Story Row Units		Other: _____		
HUD:	Yes	No			
Rental Assistance:	Rural Development		HUD Project Based Section 8		
	State Rental Assistance		TBRA		
Funding Types:	Federal LIHTC	State LIHTC	AHAP	MHDC Loan	HOME
	Trust Fund	Tax Exempt Bonds	Other: _____		
Type of Entity:				Update/Correction	
Housing Authority	Limited Partnership	Limited Liability Company		Limited Liability Partnership	
Individual DBA	Individual Person	General Partnership		Government Entity	
Joint Venture	Subchapter S Corp.	Partnership		Corporation	
Non-Profit Organization					

Ownership Entity-Contact Information:		Update/Correction
Company Name:		
FED Tax ID – TIN#:	Ownership %:	
Primary Contact:	Phone:	
Address:		
Email Address:		
Secondary Contact Name:	Phone:	
Address:		
Email Address:		
Financial Reporting Contact Information:		Update/Correction
Contact Name:	Phone:	
Email:	Fax:	
General Partner/Managing Member - Contact Information:		Update/Correction
Company Name:		
FED Tax ID – TIN#	Date of Origination:	
Contact Name:	Phone:	
Address:		
Email:		
Limited Partner/Member – Contact Information		Update/Correction
Company Name:	Phone:	
Date of Origination:	Ownership %:	
Contact Name:	Title:	
Address:		
Email:		
Management Company – Contact Information:		Update/Correction
Company Name:	Date of Origination:	
Mgmt. Company Owner Contact Name:	Phone:	
Address:		
Email:	Fax:	
Primary Contact Name:	Phone:	
Primary Email:	Fax:	

Compliance Contact Name:	Phone:
Compliance Email:	Fax:
Regional Contact Name:	Phone:
Email:	Fax:
<b>Leasing/On-Site Manager Contact:</b>	<b>Update/Correction</b>
Contact Name:	Phone:
Email:	Fax:
<b>Certification Portal Reporting Contact Info Information:</b>	<b>Update/Correction</b>
Contact Name:	Phone:
Email:	Fax:
<b>AMRS Occupancy Report Contact Information:</b>	<b>Update/Correction</b>
Contact Name:	Phone:
Email:	Fax:
<b>Special Needs/Housing Priority Agency Contact Information:</b>	<b>Update/Correction</b>
Lead Referral Agency Name:	
Primary Contact Name:	Phone:
Address:	
Email:	Fax:
Special Needs Target Population:	Number of Special Needs Units:

**Electronic Submission Agreement and Disclosure:** A scanned version of this document may be submitted electronically to MHDC. 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 Owner/Agent is responsible for retaining a 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).*