EXHIBIT A AUTHORIZED REPRESENTATIVE DESIGNATION

| | Dated this | day of | , 20_ | |
|----------------------|---------------------|--|---------------------------|-------------------------|
| | | | | |
| I, | | ······································ | duly recognized owner | of the Low Income Tax |
| Credit developmen | nt known as _ | | | , MHC project number |
| | , hereby a | authorize the fol | lowing individual to act | as representative on my |
| behalf to access Ap | oplication Oriented | d Design/Certific | eation On-line (AOD/COI | L) and use the AOD/COL |
| system as a high-lev | vel user. | | | |
| | | Name of Authorize | d Representative | |
| | | Title of Authorized | Representative | |
| | Address, (| City, State and Zip of | Authorized Representative | |
| | Phone ar | nd Email address of A | Authorized Representative | |
| I understand that th | is authorization w | ill remain in effec | ct until revoked by me in | writing. |
| | | Name of Owne | rship Entity | |
| | Sig | nature of Authorized | Signatory of Owner | |
| | | Name of Signator | y (please print) | |
| | | Title of Si | gnatory | |
| | | Address, City, State | and Zip of Owner | |
| STATE OF | | | | |
| County of | | | | |
| | | - | e this day of | , 20 |
| My commission exp | pires: | | | Notary Public |
| (SEAL) | | | | riotary rubiic |