

AGENT AUTHORIZATION FORM

If there is an existing Agent Authorization or Management Agreement in place for this unit, please attach it to the Leasing Packet. If there is not an Agent Authorization or Management Agreement in place, this authorization is to be completed by the legal owner of the designated property when an individual or entity, other than the owner, will be managing the property.

Property Address: _____
Street
Apt #
City
State
ZIP

Tenant Name: _____

AUTHORIZATION

I, _____, hereby authorize _____,
(Owner's Name)
(Agent's Name)

known as my Agent, to conduct the following business with the Agency on my behalf for the-above captioned unit:

Please indicate the agent's authorized responsibilities:

- | | | | | |
|---|--------------------------|-----|--------------------------|----|
| Contract with the Agency and tenant (e.g., negotiate rent, execute tenant lease and HAP contract) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Receive Housing Assistance Payment (HAP) and tenant rental payments | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Grant access to the rental unit | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Access contract and payment information | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Maintain the unit and responsible for repairs and inspections | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Inform the owner of obligations under 42 U.S.C. 4852d (Lead-Based Paint) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

AGENT CONTACT INFORMATION

Contact information for my Agent is as follows:

Company Name: _____

Contact Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

If the Agent's responsibilities are described in a separate agreement, I will provide a copy of that document and any amendments thereto to the Agency. I acknowledge that the appointment of the Agent does not in any way abridge, negate, modify, or otherwise eliminate my/our responsibilities and requirements under the Housing Assistance Payments (HAP) contract with the Agency and that I am responsible for ensuring that the Agent and Property comply in all respects with such responsibilities and requirements.

 Signature of Legal Owner

 Date

 Signature of Agent

 Date