

LANDLORD SIGNATURE AUTHORIZATION

Landlord / Owner Name: _____

I authorize the following person (“Authorized Person”) to act on my behalf:

Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

State Reason for Request:

Please indicate where you would like the Housing Authority to direct correspondence.

- I would like all correspondence from the Housing Authority to be directed to myself at the existing address currently on file with the Housing Authority.
- I would like all correspondence from the Housing Authority to be directed to the Authorized Person at the address listed above.

I authorized the person named above to act on my behalf in any communication with the Housing Authority, both oral and written. I understand that it is my responsibility to communicate with the Authorized Person about actions he or she has taken on my behalf. I understand that this agreement does not release me from my responsibility to comply with Housing Choice Voucher program requirements. I understand that I am responsible for complying with any and all agreements entered into on my behalf and signed by the Authorized Person.

Additionally, nothing in this agreement prevents me from acting on my own behalf. I understand that I may continue to sign documents myself. This agreement will not expire unless I notify the Housing Authority in writing that I would like to cancel it. This agreement is not effective unless the Housing Authority approves it by signing below.

Landlord / Owner Signature

Date

Authorized Person Signature

Authorized Person Name

Date

Housing Authority Approval

Date

