



AGENT AUTHORIZATION

If there is an existing Agent Authorization or Management Agreement in place for this unit, please attach 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. Please keep a copy of this authorization on file.

Property Address: _____
Street Apt # City State Zip

Applicant Name: _____

AUTHORIZATION

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

_____, known as my Agent,
(Agent's Name)

to conduct the following business with the Philadelphia Housing Authority (PHA) on my behalf for the above captioned unit.

Please indicate the agent's authorized responsibilities:

- Contract with PHA and applicant (i.e. negotiate rent, execute applicant lease and HAP contract) Yes No
- Receive Housing Assistance Payment (HAP) and applicant rental payments Yes No
- Grant access to the rental unit Yes No
- Access contract and payment information Yes No
- Maintain the unit and is responsible for repairs and inspections Yes No
- Inform owner of obligations under 42 U.S.C. 4852d and is responsible for ensuring compliance Yes No

AGENT CONTACT INFORMATION

Contact information for my Agent is as follows:

Company Name: _____

Contact Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-Mail 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 PHA. 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 PHA 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

