



Agent Authorization

This authorization is to be completed by the legal owner of the legally designated unit when another individual or entity, other than the owner, will be managing the property. A copy of the **Management Agreement** should be attached to this authorization. Please keep a copy of this authorization on file.

Property Address: _____

Tenant Name: _____

Agent Contact Information

Contact information for my Agent is as follows:

Company Name: _____

Contact Name: _____

Company Address: _____

Phone Number: _____

Mobile Number: _____

Fax Number: _____

Email Address: _____

Place an "x" in each box that applies to the agent's responsibilities.

- Contract with LRHA and tenant (i.e., negotiate rent, execute tenant lease and HAP contract)
- Receive Housing Assistance Payment (HAP) and tenant rental payments
- Grant access to the rental unit
- Access contract and payment information
- Maintain the unit and responsibility for repairs
- Other (attach additional sheets if necessary)

I hereby authorize the above-named agent to conduct the following business with the Lynchburg Redevelopment and Housing Authority (LRHA) on my behalf for the above captioned unit.

Legal Owner Name (please print)

Legal Owner Signature

Date