

Carl R. Greene Executive Director

Agent Authorization

This authorization is to be completed by the legal owner of the designated property 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:	
AUTHORIZATION	
I,(Owner's Name)	hereby authorize
(Anaphia Nama)	, known as my Agent,
(Agent's Name) To conduct the following business with the Philadelphia Housing Authori captioned unit.	ty (PHA) on my behalf for the above
Place an "x" in each box that applies to the agent's responsibilities.	
Contract with PHA and tenant (i.e. negotiate rent, execute tenant le Receive Housing Assistance Payment (HAP) and tenant rental payment	-
☐ Grant access to the rental unit ☐ Access contract and payment information	
Maintain the unit and responsibility for repairs and inspections	
AGENT CONTACT INFORMATION Contact information for my Agent is as follows:	DN
Company Name:	
Contact Name:	
Address:	
Phone Number:	
Fax Number:	
E-Mail Address:	
Signature of Legal Owner	Date
Signature of Agent	Date