



## Harford County Housing and Community Development 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 Harford County Housing and Community Development on my behalf for the above captioned unit.

**Please Indicate the agent's authorized responsibilities:**

Contract with Housing Agency and applicant (i.e. negotiate rent, execute applicant lease and HAP contract)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Receive Housing Assistance Payment (HAP) and applicant 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 is responsible for repairs and inspections	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inform owner of obligations under 42 U.S.C. 4852d and is responsible for ensuring compliance	<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 \_\_\_\_\_

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 Harford County Housing and Community Development. 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 Harford County Housing and Community Development 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