



Una versión en Español de este documento está disponible en la Oficina Central del CHA.

Yon vèsyon Kreyòl Ayisyen pou dokiman enpòtan sa-a disponib nan Biwo Santral CHA.

A versão em Português deste documento está a sua disposição no seu Escritório de Central de Gerencia do CHA.

**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

Tenant Name: \_\_\_\_\_

**AUTHORIZATION**

I, \_\_\_\_\_, hereby authorize  
(Owner's Name)

\_\_\_\_\_, known as my Agent,  
(Agent's Name)

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

Please indicate the agent's authorized responsibilities:

- Contract with PHA and tenant (i.e. negotiate rent, execute tenant lease and HAP contract)  Yes  No
- Receive Housing Assistance Payment (HAP) and tenant rental payments  Yes  No
- Grant access to the rental unit  Yes  No
- Access contract and payment information  Yes  No
- Maintain the unit and responsibility for repairs and inspections  Yes  No
- Inform the 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 there are to CHA. 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 CHA 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