



# Authorization to Transact with HAFC

## Housing Choice Voucher Program Housing Authority of Fulton County

The Authorization to Transact with the Housing Authority of Fulton County (HAFC) Form is designed to permit a third party to receive information or transact business with the HAFC, on behalf of the owner or property manager for the designated properties listed herein. This form must specify what information the third party is entitled to receive, what if any acts they may transact, and the duration of the authorization. This form must be signed by the property owner or an agent or property management company who has authority to financially and legally bind the property owner.

I,  (NAME),  (TITLE)

of  (LEGAL NAME)

at  (CONTACT NUMBER), or alternatively, at  (ALTERNATIVE CONTACT NUMBER) and having a mailing address of

(STREET ADDRESS)  (CITY)  (STATE)  (ZIP) and an email address of

(EMAIL ADDRESS), and being authorized to execute this Authorization to transact with HAFC

for the properties listed below as the  (RELATIONSHIP TO PROPERTY OWNER/PROPERTY MGMT/AUTHORIZED AGENT) of the property, do hereby

authorize and appoint a third party to act on my behalf as it relates to HAFC's Housing Choice Voucher Program as designated below:

### A. Persons authorized to transact business with HAFC (Attach additional sheets, if necessary)

1. Name			2. Name		
Mailing Address			Mailing Address		
City	State	Zip Code	City	State	Zip Code
Email Address	Telephone Number		Email Address	Telephone Number	

### B. Property included in this authorization (Please check one box only)

- All property currently in the owner's name and future property
- Specified property only. (List applicable property below. Attach additional sheets.)

#### Property Name

#### Property Address

1.
2.
3.

**C. Duration of Authorization**

This authorization shall continue on the following basis (Please check one box only):

- One time. (Limited to a one-time request for information and/or acts or functions specified at the time of the receipt of this authorization.)
- Expiration date of  (Requests for information and/or for acts or functions specified will be accepted and processed each time requested within the date of signing of this authorization and/or the specified period.)
- No expiration date. (Request for information and/or for acts or functions specified will be accepted and processed each time requested with the date of signing of this authorization and until terminated by the property owner or authorized party.)

I further understand that in connection with listing, rental or Housing Assistance Payments Contract related matters regarding the property identified above, the above-named persons are authorized to transact business, execute agreements, provide information, or otherwise provide direction or decisions to HAFC regarding the management, suitability, maintenance, repair and rental of the property. This listing and authorization shall be valid unless revoked in a writing signed by the property owner or management agent and delivered to HAFC. This authorization shall continue in effect until the date specified, unless earlier terminated by the owner, property management company or authorized agent for the owner.

I hereby release HAFC, its Commissioners, employees, agents and/or assigns from any liability, claims, demand, causes of action, damages, or expenses, without limitation, resulting from or associated with this authorization.

I further hereby acknowledge and confirm that I am responsible for informing HAFC of any changes related to this form. I understand that changes to this form require that: (i) I complete another form that replaces this form in its entirety; or (ii) I provide a signed written document indicating that I am withdrawing all authorization to transact with HAFC as provided herein.

Sworn to and subscribed before me this  Day  Month  Year

Written Signature of Property Manager  Date

Name of Notary Public  Written Signature of Notary Public  Date

Notary Public Seal

Title

My Commission expires: