

Arlington Housing Authority

Assignment of Management/Leasing Agent

I hereby certify that I am the owner of the property located at:

Property Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

I further certify that I have authorized the following management company/agent to act on my behalf regarding the management and leasing of the aforementioned property. This authorization includes the right to sign any and all documents necessary for said leasing and compliance with the U.S. Department of Housing and Urban Development’s Housing Assistance Payments Contract.

The agent will be contacted with regard to any repairs that may be needed during the term of the lease. This authorization shall remain in full effect for the duration of the lease agreement signed by my agent. My agent and I agree to give a thirty day (30) written notice to the Arlington Housing Authority prior to any changes in the agent authorization. I shall honor the terms and conditions of the lease and the Housing Assistance Payments contract signed by my duly authorized agent with regard to the aforementioned property.

Select one:

Management Company       Agent

Management Company Information:

\_\_\_\_\_  
*Name of Management Company*

\_\_\_\_\_  
*Phone #*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*Email Address*

\_\_\_\_\_  
*City/State/Zip Code*

Agent Information:

\_\_\_\_\_  
*Name of Management Company*

\_\_\_\_\_  
*Phone #*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*Email Address*

\_\_\_\_\_  
*City/State/Zip Code*