

Leasing Operations

675 W. Main St. Rochester, NY 14611 Phone: 585 697 6105

Fax: 585 697 6104

MANAGEMENT AUTHORIZATION

If there is an existing Agent Authorization or Management Agreement in place for this unit, please attach to form. This authorization form is to be completed by the legal owner of the property when an individual or entity, other than the owner, will be managing the property. RHA will keep a copy of this authorization on file.

Property Address:		
Street Ap	ot # City State Zip	
Tenant Name: If more th	han one tenant, please attach list	
AUTHORIZATION	•	
I,	, hereby authorize	, known as my Agent,
(Owner's Name)	•	, known as my Agent, (Agent's Name)
to conduct business with the Roche payments and correspondence will		for the above captioned unit. I understand that all
OWNER CONTACT INFORMA	ATION	
Address:		
Phone Number: ()	Fax Nu	mber: ()
E-Mail Address:		
AGENT CONTACT INFORMA	ATION Contact information for my Agen	at is as follows:
Company Name:		
Contact Name:		
Address:		
Phone Number: ()	Fax Nu	mber: ()
E-Mail Address:	@	
thereto to RHA. I acknowledge that my/our responsibilities and require	at the appointment of the Agent does not in an	ide a copy of that document and any amendments by way abridge, negate, modify or otherwise eliminate that (HAP) Contract with RHA and that I am responsible insibilities and requirements.
Signature of Legal Owner		Date
Signature of Agent		Date

WARNING: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, or fictitious, or fraudulent statement or entry in any matter within the jurisdiction of any department or agency of the United States, shall be fined or imprisoned for not more than five years, or both.

6.2017