



Housing Choice Voucher Program
 3400 Hamilton Avenue
 Cleveland, Ohio 44114-4143
 tel 216.431.1471
 fax 216.432.3971
 tty 216.426.2904



Vendor ID: _____

HOUSING CHOICE VOUCHER PROGRAM AGENT FORM

<p>Managing Agent (Correspondence) I hereby authorize him/her to receive all correspondence, sign all contracts, leases required by the Cuyahoga Metropolitan Housing Authority:</p>	<p>Payee Agent Information: (Monthly HAP) I hereby request that the monthly subsidy check be prepared in the following manner:</p>
MANAGING AGENT NAME:	PAYEE:
MANAGING PHONE NUMBER:	PAYEE TELEPHONE NUMBER:
ADDRESS:	ADDRESS:
CITY STATE	CITY STATE
ZIP CODE	ZIP CODE
SIGNATURE OF LANDLORD	DATE