



Akron Metropolitan Housing Authority

100 West Cedar Street, Akron, Ohio 44307 • Phone: (330) 762-9631 • Fax: (330) 374-5088

AGENT FORM

_____, the owner of property located at _____
(Owner Name)

(Property Address, City, State, Zip)

do hereby authorize _____
(Agent Name)

(Agent Address, City, State, Zip)

to act as my agent for said property.

Acting as agent, I hereby authorize him/her to sign all contracts and leases that are required by the Akron Metropolitan Housing Authority. I hereby request that the monthly subsidy payment be made

to: _____
(Agent OR Owner Name) (Tax ID #)

and sent to the following address each month: _____
(Agent OR Owner Address, City, State, Zip)

(Agent OR Owner Address, City, State, Zip)

This permission cannot be revoked without my expressed written consent.

(Owner Signature)

(Date)

**** PLEASE COMPLETE A FORM FOR EACH PROPERTY (IF APPLICABLE) ****