



HOUSING CHOICE VOUCHER (HCV) PROGRAM Property Manager Authorization

The Management Company/Agent for the unit listed below is either licensed by the State of Ohio, or is employed by me in accordance with Ohio Revised Code 4735.01. (If an Agent or Management Agreement is available, please provide a copy.)

Property address: _____

Tenant Name(s): _____

I, _____ (owner's name), hereby authorize
_____ (property manager's name) known hereafter as
my Agent, to conduct the business indicated in Section C below with CMHA on my behalf for the unit listed
above.

As appropriate, fill in either Section A or Section B below.

Section A – Property Manager licensed by the State of Ohio:

Real Estate Broker: _____ Broker #: _____
(Signature of Broker)

- or -

Real Estate Agent: _____ Agent Sales #: _____
(Signature of Real Estate Agent)

- and -

Real Estate Broker: _____ Broker #: _____
(Signature and License # of Managing Broker)

Section B - Property Manager is an employee of the owner, as defined by the Ohio Division of Real Estate.

Section C – My Property Manager is authorized to conduct the following business on my behalf

Check all that apply:

- Contract with CMHA and tenant (i.e., negotiate rent, execute tenant lease and HAP contract)
- Receive Housing Assistance Payments (HAP) and tenant rental payments
- Grant access to the rental unit
- Access contract and payment information
- Other (attach additional sheets if necessary)

This authorization is for the above unit only.

(Signature of Legal Owner)

(Date)

Section D – Contact information for my Property Manager is as follows:

Company Name: _____

Phone Number: _____

Contact Name: _____

Fax Number: _____

Address: _____

E-Mail Address: _____

Please keep a copy of this authorization on file as it may be requested for verification purposes.