



1805 Harrison Street
Oakland, CA 94612
(510) 587-2100

Agent Authorization Statement

This authorization is to be used only if an Agent or Management Agreement is not available. If an Agent or Management Agreement is available please provide a copy.

Property Address: _____

Tenant Name(s): _____

Authorization

I, _____ (owner name) hereby authorize

_____ (agent name), known hereafter as my Agent,
to conduct the following business with OHA on my behalf for the unit listed above:

(Check all that apply)

- Contract with OHA and tenant (i.e. accept rent and sign lease and HAP contract)
- Receive Housing Assistance Payments (HAP) and tenant rent 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.

Legal Owner Signature _____ Date _____

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