



**BOISE CITY/ADA COUNTY HOUSING AUTHORITIES
REPRESENTATIVE AUTHORIZATION FORM**

To be completed ONLY if someone other than the property owner is to sign contracts or documents on behalf of the owner.

I hereby authorize the following named Managers and/or Agent(s) the responsibility to negotiate reasonable rents, enter into and sign residential leases, HAP contracts, and all related paperwork on my behalf in regard to the property being subsidized by the Boise City/Ada County Housing Authorities. I also certify that neither I, nor the party I am authorizing, are an immediate family member to the applicant/participant in the Housing Choice Voucher Program. This authorization will remain in effect until my further written notice.

Property Address: _____

Manager and/or Agent(s): _____

Checks should be issued in the name of: Owner Representative (Please check one)
 Checks/Correspondence should be mailed to: Owner Representative (Please check one)

(Note: The name and social security # or Tax I.D. # used on the W-9 must be the person responsible for the tax liability. The 1099 will be issued to the entity named on the W-9)

Property Owner Signature: _____ Date: _____

PROPERTY OWNER INFORMATION		REPRESENTATIVE INFORMATION	
Name:		Name:	
Address:		Address:	
Telephone:		Telephone:	
Fax:	Email:	Fax:	Email:

In the event there are Housing Quality Standards fail items that require that repairs be completed in less than 72 hours and BC/ACHA is unable to reach someone at the above designated Management Company, I authorize as my emergency representative:

 Name of Emergency Representative (Please Print)

 Phone Number/email

<i>To be completed by Boise City/Ada County Housing Authorities:</i>	
Unit Address: _____	
Owner of Record: _____	
Source of Information: _____	County contacted: _____
Year Built: _____	Verified by: _____ Date: _____