

**AGENT AUTHORIZATION FORM**

\_\_\_\_\_  
NAME OF COMPLEX

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY

STATE

ZIP

I, \_\_\_\_\_, OWNER OF THE ABOVE,  
Owner

DO HEREBY AUTHORIZE \_\_\_\_\_  
Agent/Manager

TO SIGN LEASES, CONTRACTS AND ALL NECESSARY DOCUMENTS ON MY  
BEHALF, THAT THE HOUSING AUTHORITY OF CLACKAMAS COUNTY,  
OREGON, NEEDS FOR THE RENT SUBSIDY PROGRAM AND TO ACCEPT  
NOTICES RELATING TO THE RENTAL OF THE ABOVE.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_