

## p 407.365.3621 • f 407.359.2576 • 662 Academy Place • Oviedo, FL 32765

## SCHAfla.org 🚖 🖒 🔞

Please note: You may detach and fax or email this authorization form, the direct deposit authorization, and W9 along with the other requested documentation.

The legal owner or named agent for the unit MUST COMPLETE all necessary forms and provide the following documentation to our office before an inspection will be requested and/or subsidy paid:

- 1. Photo ID of Owner and/or Agent/Manager
- 2. Proof of Ownership of Property (*Tax bill, warranty deed, closing statement*)
- 3. Agent/Management Agreement and ID of Named Agent/Manager

## Please print clearly - This form must be completed

Please note: If you are not listed on the deed of the property, then you are considered an agent, which will require a management agreement and/or written authorization by the owner.

Tenant Name				
		, as owner/agent of	the propert	ty unit located at:
Name of (select one):				5
Street Name & Number	City		State	Zip
Hereby grant to				
	N ame of agent/manager or N/A	if no agent or mana	ger	
the power and authority to enter into behalf of this power. Please state for i				
Social Security Number	or Tax ID#			
□ Agent/Manager □ Owner (select on	e)			
Owner/Agent Daytime Phone		_ or		
Fax Number	Email Address			
Print Name		🗅 Agent/	'Manager 🕻	❑ Owner (select one,
lf agent/manager	r is selected then a signed manageme	nt agreement must be	e provided.	
Signature		Da	te	

Please note: the inspection will not be requested until the Authorization Form, Direct Deposit Form and W9 documents are received.