

## LANDLORD REPRESENTATIVE AUTHORIZATION

**DATE:** \_\_\_\_\_

**THIS DECLARATION ACKNOWLEDGES that:**

\_\_\_\_\_ (“OWNER”)

as legal owner of rental property, has a management agreement with:

\_\_\_\_\_ ,  
a (circle one): Wash. Corporation / Partnership / LLC *or* Individual, hereafter called “AGENT”.

**AGENT** is authorized to sign all management documents, contracts, amendments, and rental agreements on behalf of OWNER and in association with the KELSO HOUSING AUTHORITY Section 8 Housing Choice Voucher Rental Assistance Program assisted units.

The OWNER has employed AGENT to manage and direct the operation of the OWNER’S property(s) known by the address(es)(list all that are covered by this document):

Street Address	City	State	Zip

**This Declaration shall remain in force, unless OWNER states intent, in writing, to discontinue the agency relationship at least fifteen days prior to the effective date of the termination.**

Said notice of discontinuance shall be delivered to:

THE KELSO HOUSING AUTHORITY at 1415 S 10<sup>th</sup>, Kelso, WA 98626

\_\_\_\_\_  
**(print) Legal Owner’ Name as on Property Title**

\_\_\_\_\_  
**(print) Agent’s Business Name**

\_\_\_\_\_  
**Signature of Legal Owner**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Agent**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Legal Owner’s Address:**

\_\_\_\_\_  
**(print) Authorized Signer for Agent**

\_\_\_\_\_  
**Signature of Authorized Signer**

\_\_\_\_\_  
**Date**