

MANAGING AGENT or PAYEE AGENT FORM - HCV PROGRAM

UNIT ADDRESS: _____
The property owner can designate a Managing Agent, a Payee Agent, or BOTH

<p>Owner appoints and authorizes Managing Agent named below to be Owner's agent in all matters and dealings with CMHA and the Housing Choice Voucher Program, including authority to sign contracts (including the HAP agreement), leases and other documents that may be required under the HCVP program. Owner releases and agrees to hold harmless CMHA, its Commissioners, officials and employees from any and all claims arising from Managing Agent acting in Owner's behalf. Notice to and dealings with the Managing Agent shall be equal to notice to and dealing directly with Owner.</p>	<p>Owner authorizes the following PAYEE Owner hereby authorizes CMHA to pay the monthly rent subsidy issued by CMHA's Housing Choice Voucher Program to Owner's Agent (Payee Agent) identified below. Owner releases and agrees to hold harmless CMHA, its Commissioners, officials and employees from any and all claims arising from or on account of making such payment(s) to the Payee Agent.</p>
<p>Print MANAGING AGENT NAME:</p>	<p>Print PAYEE AGENT NAME :</p>
<p>If someone other than the owner is to receive HAP, the Payee Agent form needs to be completed.</p>	<p>Banking information should be provided using the Automatic HAP Payment Deposit form</p>
<p>MANAGING AGENT ADDRESS, PHONE & EMAIL:</p>	<p>PAYEE ADDRESS, PHONE & E-MAIL:</p>
<p>ACCEPTANCE OF ASSIGNMENT BY AGENT: By signing below I certify I am authorized to serve as Owner's agent with regard to the above property and accept such appointment. I agree that as the Managing Agent I am responsible for maintaining the above unit to CMHA standards. I release and agree to hold harmless CMHA, its Commissioners, officials and employees from any and all claims arising from or on account of acts and omissions of the Managing Agent.</p>	<p>ACCEPTANCE BY PAYEE AGENT: By signing below, I certify I am authorized to accept on Owner's behalf the monthly rent subsidy payments (HAP) issued by CMHA. I release and agree to hold harmless CMHA, its Commissioners, officials and employees from any and all claims arising from or on account of receiving such payment(s).</p>
<p>SIGNATURE of MANAGING AGENT:</p> <p>Date: Title (if any):</p>	<p>SIGNATURE of PAYEE AGENT:</p> <p>Date: Title (if any):</p>
<p>PRINT NAME of OWNER:</p> <p>SIGNATURE of OWNER: Date: Title (if any):</p>	



COMMITMENT ACCOUNTABILITY RESPECT EXCELLENCE SAFETY