HOUSING AUTHORITY OF BREVARD COUNTY
SECTION 8 HOUSING CHOICE VOUCHER PROGRAM
1401 Guava Avenue, Melbourne, FL 32935
Phone (321) 775-1592 * Fax (321) 775-1549
http://www.habc.us

CHIEF EXECUTIVE OFFICER
Michael L. Bean

Unit Address: _____

_____

APPOINTMENT OF AGENT

The owner _____ hereby appoints and the HA accepts the individual (s) _____ **(Cannot be client)**
Herein named as agent of the owner for the unit at the address listed above to act in the owners behalf for the function initialed by the owner during the term of the contract.

_____ Perform any and all things proper to be performed under this contract
_____ Receive monies due and payable
_____ Sign for inspections
_____ Sign for terminations
_____ Contract for new tenants
_____ Sign for contract continuations

OWNER _____ SIGNATURE _____

ADDRESS _____ SS # OR ID # _____

_____ TELEPHONE # _____

AGENT _____ ADDRESS _____

TAX ID # _____ _____

On this, the_____day of _____, 20____, before me a notary public, the undersigned officer, personally appeared_____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purposes therein contained.

In witness hereof, I hereunto set my hand and official seal.

_____ _____
NOTARY PUBLIC DATE