



Erie Metropolitan Housing Authority
322 Warren Street
Sandusky, Ohio 44870
(419) 625-0262
Fax (419) 625-0410

VOUCHER LANDLORD AGENT FORM

Managing Agent: (Correspondence) I hereby authorize him/her to receive all correspondence sign all contracts, leases required by the Erie Metropolitan Housing Authority

Payee Agent Information: (Monthly HAP) I hereby request that the monthly subsidy check be prepared in the following manner:

MANAGING AGENT NAME

PAYEE

MANAGING PHONE NUMBER

PAYEE TELEPHONE NUMBER

ADDRESS

ADDRESS

CITY/STATE

CITY/STATE

ZIP CODE

ZIP CODE

STATE OF OHIO; COUNTY OF ERIE:

I, _____, the owner of property located at

_____ do hereby authorize _____ to act as my agent for said property.

This permission cannot be revoked without my expressed written consent.

Signature of Owner

Date

Sworn to before me and signed in my presence by:

This _____ day of _____, 201__ at _____, Ohio.

Notary Public Signature