



Housing Choice Voucher Program: 145 Railroad Avenue, Peckville, Pennsylvania 18452
(570) 489-3972 FAX: (570) 382-8906 E-Mail: contact@hacl.org

Management Agreement Documentation

If there is an existing Agent Authorization of Management Agreement in place for this unit, please attach to the Request for Tenancy Approval (RFTA) Packet. If there is not an Agent Authorization or Management Agreement in place, this authorization is to be completed by the legal owner of the designated property when an individual or entity, other than the owner, will be managing the property. Please keep a copy of this authorization on file.

Unit/Property Address (please print, and include City, State, and Zip Code):

Prospective Tenant's Name (please print):

Authorization:

I, _____, hereby authorize _____,
Owner's Name Agent's Name

known as my Agent, to conduct the following business with the Housing Authority of the County of Lackawanna on behalf for the above captioned unit.

Please indicate the agent's authorized responsibilities:

Contract with HACL and applicant (i.e. negotiate rent, execute applicant lease and HAP contract)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Receive Housing Assistance Payments (HAP) and applicant rental payments	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Grant access to the rental unit	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Access contract and payment information	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Maintain the unit and is responsible for repairs and inspections	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Inform owner of obligations under 42 U.S.C 4852d and is responsible for ensuring compliance	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Agent Contact Information:

Agent Name: _____

Phone Number: _____

Company Address (include City, State, and Zip Code)

**If the Agent's responsibilities are described in a separate agreement, I will provide a copy of that document and any amendments thereto to HACL. I acknowledge that the appointment of the Agent does not in any way abridge, negate, modify, or otherwise eliminate my/our responsibilities and requirements under the Housing Assistance Payment (HAP) Contract with HACL. I am responsible for ensuring that the Agent and Property comply in all respects with such responsibilities and requirements.

Signature of Legal Owner _____

Date _____

Signature of Agent _____

Date _____