AFFIDAVIT OF ASSIGNMENT OF AGENT

l,Print Own	ner Name	
doing business as follows:		FORT WORTH HOUSING SOLUTIONS Housing with a Mission
Individual Owner	Entity:	
Entity Tax ID#: Owner tax	Apt. Name:	Print entity name
I declare that I am the owner of the pro	operty located at:	
Unit address	City, state	Zip code
I further state that I have authorized:		
	Print name o	f managing agent
Agent only	Agent/Payee:	Agent Tax ID #
		Agent rax ib #
Agent phone number A	gent Fax number	Agent Email Address
This authorization includes the right to sign contacted with regard to any repairs that in the This authorization shall remain in full force to give notice to the FWHA within 10 (Ten) conditions of the lease and the contract sign	may be needed during the term of and effect for the duration of any days with regard to any change in	of the lease. lease signed by my agent and I agree agents' authorization. The terms and
Owner address	City, State, Zip Code	Email Address
Owner Signature		Date
PROPERTY OWNE	ER MUST PROVIDE NOTARIZE	D FORM
SIGNED BEFORE ME, the undersigned a	authority, on this day	personally
appeared known to me to be the person wh	no has signed the foregoing docun	nent, and after being duly sworn,
acknowledged to me that he/she had execu		
SUBSCRIBED AND SWORN TO BEFORE M	E THISDAY OF	
County of:	Notary Signature:	
State of:	Seal:	