AFFIDAVIT OF ASSIGNMENT OF AGENT

FORT WORTH HOUSING SOLUTIONS
Housing with a Mission

I, _____
Print Owner Name

doing business as follows:

☐ Individual Owner ☐ Entity: _____
Print entity name

☐ Entity Tax ID#: _____ ☐ Apt. Name: _____
Owner tax id#

I declare that I am the owner of the property located at:

_____
Unit address City, state Zip code

I further state that I have authorized: _____
Print name of managing agent

☐ Agent only ☐ Agent/Payee: _____
Agent Tax ID #

_____
Agent phone number Agent Fax number Agent Email Address

This authorization includes the right to sign any and all papers necessary for said leasing. My agent should be contacted with regard to any repairs that may be needed during the term of the lease.

This authorization shall remain in full force and effect for the duration of any lease signed by my agent and I agree to give notice to the FWHS within 10 (Ten) days with regard to any change in agents' authorization. The terms and conditions of the lease and the contract signed by my agent will be honored by me as owner of said property.

_____
Owner address City, State, Zip Code Email Address

_____
Owner Signature Date

PROPERTY OWNER MUST PROVIDE NOTARIZED FORM

SIGNED BEFORE ME, the undersigned authority, on this day _____ personally appeared known to me to be the person who has signed the foregoing document, and after being duly sworn, acknowledged to me that he/she had executed the same for the purposes and considerations therein expressed.

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____DAY OF _____ 20_____.

County of: _____ *Notary Signature:* _____

State of: _____ *Seal:*

EQUAL HOUSING OPPORTUNITY

Revised December 15, 2020