



Community Development Commission of Mendocino County

1076 N. State St., Ukiah, CA 95482

707/463-5462
Fax: 707/463-4188
TDD: Ca Relay 711

Designation by Owner-who will Manage and Lease Property

I, being the true owner of record for the property or properties indicated below hereby grant to my agent as follows:

1. To act as my agent and representative with respect to the property with full power to lease said premise and execute a Housing Assistance Payment (HAP) contract with the Community Development Commission of Mendocino County (CDC).
2. To order, direct, and manage all repairs, alterations, and improvements to ensure safety and compliance with terms and conditions of the HAP Contract;
3. In general, to perform acts and things essential to the management of the premises.

NOTE If this agreement between Property Owner and Managing Agent should change, **OWNER** must notify CDC in writing of any such change. Additionally, the owner or agent acknowledges that the social security number or employer identification number listed below is correct and is the number to be used when reporting monies paid by CDC to the IRS.

Further thereto, I hereby authorize the CDC to:

Issue payments/checks and form 1099 to:

Managing Agent

Mail correspondence to:

Property Owner

Managing Agent

| Property Owner Information | | | |
|----------------------------|------|--------------------|-------------|
| Name | | | |
| Business Name | | | |
| Social Security | | Employer ID Number | |
| Individual | Sole | Partnership | Corporation |
| Mailing address | | | |
| City, State and ZIP code | | | |
| Phone Number | | | |
| Alt Phone Number | | | |
| Email | | | |
| Signature | | Date | |

| Property Agent Information | | | |
|----------------------------|------|--------------------|-------------|
| Name | | | |
| Business Name | | | |
| Social Security | | Employer ID Number | |
| Individual | Sole | Partnership | Corporation |
| Mailing address | | | |
| City, State and ZIP code | | | |
| Phone Number | | | |
| Alt Phone Number | | | |
| Email | | | |
| Signature | | Date | |

Persons requiring a reasonable accommodation due to a disability may request such an accommodation at any time during this process.

