

Property Management and Legal Representative Authorization Form

Directions: Property owners and landlords may designate a property management company or legal representative to act on their behalf for the OUR Florida program. OUR Florida program policy requires that the property management company or legal representative, must show authorization to receive rent payments, such as a contract, Memorandum of Agreement, or Memorandum of Understanding. This form provides required details on the buildings and units covered by an existing contract or agreement. Authorized property managers and legal representatives are entitled to collect or decline rental payments related to OUR Florida. Pages 3 provides space to list additional properties as needed.

This form must be completed and signed by the landlord or official authorized representative of the property owner to be considered valid.

The landlord should fill out the following section. If a business owns the property, the official authorized representative should fill out this section.

First Name: _____ Middle Name: _____

Last Name: _____

Business Name (if applicable): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ E-mail Address: _____

Preferred Method of Contact: Phone E-Mail Mail

Please fill out the following contact information about the property management representative or legal representative. The contact should be an official authorized representative.

First Name: _____ Middle Name: _____

Last Name: _____

Business Name (if applicable): _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone Number: _____ Work E-mail Address: _____

I authorize the property management company or legal representative listed in this authorization form to represent the rental property located at the following address in the OUR Florida Program:

Rental Property Street Address: _____

City: _____ State: FL Zip Code: _____

Select one of the following:

The property manager or legal representative is authorized to collect or decline rental payments for all units at this address.

The property manager or legal representative is authorized to collect or decline rental payments only for the units specified. Please specify the units covered in this agreement: _____

I understand that OUR Florida will communicate directly with the property management company or legal representative on my behalf.

The property management company or legal representative listed in this authorization form is authorized to collect rental payments for approved OUR Florida applications at the rental property address(es) provided. The property management company or legal representative is also authorized to decline rental payments for approved OUR Florida applications at the rental property address(es) provided.

Signature _____

Printed Name _____

_____/_____/_____
Date (Month/Day/Year)

Optional: Use the space provided to include additional properties. Include as many pages as needed.

Additional Property

Rental Property Street Address: _____

City: _____ State: FL Zip Code: _____

Select one of the following:

The property manager or legal representative is authorized to collect or decline rental payments for all units at this address.

The property manager or legal representative is authorized to collect or decline rental payments only for the units specified. Please specify the units covered in this agreement: _____

Additional Property

Rental Property Street Address: _____

City: _____ State: FL Zip Code: _____

Select one of the following:

The property manager or legal representative is authorized to collect or decline rental payments for all units at this address.

The property manager or legal representative is authorized to collect or decline rental payments only for the units specified. Please specify the units covered in this agreement: _____