# SAMPLE HOMEOWNER AUTHORIZATION

# FOR AGENCY TO ACT AS AGENT FOR HOMEOWNER

As recipient of the GRANTEE CDBG Residential Rehabilitation Assistance Program, I do hereby request the GRANTEE to act as agent on my behalf to provide rehabilitation services including contracting, issuance of the notice to proceed, inspections and approvals (excluding final approval of work).

Property Address:

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Witness Signature Homeowner Signature

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Witness Printed Name Homeowner Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Homeowner Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Homeowner Printed Name

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Project Manager Date