



P.O Box 2316 Renton, WA 98056-0316
Office (425)226-1850 Fax (425)271-8319

TDD 425/255-8373

FIDUCIARY AND SIGNATURE AUTHORITY

To: **Renton Housing Authority**

From: **Owner/Primary Principal**
Subject Property Address:

Owner's Tax ID Number or
Social Security Number:

Select either A or B:

A. I, _____, the undersigned Owner of the subject property require that the monthly Housing Assistance Payment Checks be issued in my name and sent to me at:

Mailing ADDRESS	Street	City	State	Zip	Phone
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Print NAME as it should appear on the HOUSING ASSISTANCE PAYMENT CHECKS

or

B. I, _____, and _____, Owner(s) hereby authorize the following individual(s) or Agency to receive the Housing Assistance Payment Checks and sign all RHA Section 8 Program documents on my/our behalf:

Print Manager(s) NAME or Management Agent or Company Name

Mailing ADDRESS	Street	City	State	Zip	Phone
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Print NAME as it should appear on the HOUSING ASSISTANCE PAYMENT CHECKS

Owner/Primary Principal Signature

_____/_____/_____
Date