CERTIFICATE OF AUTHORIZED SIGNATORIES TO BE COMPLETED BY THE OWNER OF THE PROPERTY

HUD Contract ID# WI39_____Property Address: _____

I, _____, do hereby certify as follows:
(Name of Owner)

1) I am_____of _____
(Title/Sole Owner) (Name of Partnership, Corporation, Firm or Property)

a _____
(Type of Business Entity/Sole Proprietorship)

2) The persons listed below are authorized to execute in the name of __
(Name of Partnership, Corporation, Firm or Property)

any and all documents in connection with _____
(Name of Property)

These documents include, but are not limited to, the following:

a) Any and all management agreements and/or amendments
b) Monthly housing assistance payment requests and required owner certifications
c) Special claim payment requests for damages, vacancies and debt service loss
d) Tenant certification and recertification documents
e) Owner's housing assistance payment contracts with the US Dept of HUD, including rent schedules for revised contract rents and utility allowances, required owner certifications for contract renewals and rent adjustments, replacement reserve increases or decreases
f) Authorization of disbursement of owner funds held by the Authority; i.e., ACH agreements, e500 forms g) Form HUD-9834, etc.

Name	Title	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____

The above named individuals have full authority to act on behalf of the ownership to authorize disbursement of funds held by the Authority. This Agreement shall be in full force and effect and binding upon the ownership until written notice of cancellation or change in designees shall be given to the Authority. I (We) agree to hold the Authority harmless of any liability which may arise due to written direction from the above so authorized individual(s).

Signature of Property Owner: _____Date: _____

Name of Property Owner: _____
(Print or Type)

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CERTIFICATE OF AUTHORIZED SIGNATORIES TO BE COMPLETED BY THE OWNER OF THE MANAGEMENT COMPANY

I, _____, do hereby certify as follows:
(Name of Management Company Owner)

1) I am_____of _____
(Title/Sole Owner) (Name of Partnership, Corporation, Firm or Property)

a _____
(Type of Business Entity/Sole Proprietorship)

2) The persons listed below are authorized to execute in the name of __
those documents indicated under authorization. (Name of Partnership, Corporation, Firm or Property)

Name	Title	Items Authorized To Sign (a,b,c,…)	Signature
_____		_____	
_____		_____	
_____		_____	

The above named individuals have full authority to act on behalf of the Management Company as designated by the items authorized above. This Agreement shall be in full force and effect and binding upon the Management Company until written notice of cancellation or change in designees shall be given to the Authority. I (We) agree to hold the Authority harmless of any liability which may arise due to written direction from the above so authorized individual(s).

Signature of Management Company Owner: _____Date: _____

Name of Management Company Owner: _____
(Print or Type)