

# AUTHORIZATION TO TRANSACT



AHA VENDOR NUMBER - \_\_\_\_\_

The Authorization to Transact form is designed to permit a management agent to receive information, receive housing assistance payments (HAP Payments), or transact business with The Housing Authority of the City of Atlanta, Georgia (AHA), on behalf of the owner for designated properties in AHA's Housing Choice Voucher Program (HCVP). This form also may be used to change payee information. This authorization must be signed by the property owner or, if the property owner is an entity, by an individual who has the authority to legally bind the property owner. AHA reserves the right to request additional documentation to confirm that the named agent has the required authorization. All agents named in this form must comply with the licensing requirements set forth in O.C.G.A § 43-40-1 et seq.

## General Instructions

- Read all instructions and questions and provide the requested information in each applicable section.
- Please (A) Complete all required pages of the Authorization to Transact, (B) Print or legibly write using blue or black ink, (C) Attach additional sheets, if necessary.
- Scan and submit completed form to [HCContractsMailbox@atlantahousing.org](mailto:HCContractsMailbox@atlantahousing.org), or submit in-person at 230 John Wesley Dobbs Ave NE, Atlanta, GA 30303.

Please indicate the type of request:

- Authorization for new management agent to transact on behalf of owner with no change of payee information.
- Authorization for new management agent to transact on behalf of owner with a change of payee information.
- Authorization for change of payee information.

Notes:

- If ownership of the property has changed, you must provide a *Property Ownership or Management Change Notification Form* and supporting documents and execute an *Assignment Agreement* or *Assumption Agreement*, as appropriate. All forms may be accessed within the "Forms" folder at [http://atlantahousing.org/for\\_landlords.php#forms](http://atlantahousing.org/for_landlords.php#forms).
- All payee changes received before the 20th of each month will be effective in the following month. Change requests received by AHA on or after the 20th will not be effective until the second month after submission.
- Following receipt of a properly executed Authorization to Transact form, AHA will provide to the new management agent, upon request, electronic copies of the current Housing Choice Rental Assistance Agreement (HCRA) and associated HCRA Lease Addendum for each affected residential unit.
- It is the responsibility of the new management agent to notify each affected household that a change in management has occurred. A properly prepared and signed *Tenant Acknowledgment of Change of Management Form* must be provided to AHA for each affected residential unit. The form will provide the household with the name and address of the new management agent (if applicable), the preferred address for payments (if the household will be responsible for a portion of the rent under the lease), and phone numbers for repair requests for the residential unit. All forms may be accessed within the "Forms" folder at [http://atlantahousing.org/for\\_landlords.php#forms](http://atlantahousing.org/for_landlords.php#forms).
- The new management agent is responsible for obtaining all HAP Payments, security deposits and other funds from the previous management agent. Parties should take into account that, as stated above, change of management or payee documentation must be received by AHA before the 20th day of the calendar month to be effective in the following month.

HCO2052



LLFILE



## AUTHORIZATION TO TRANSACT FORM

This form serves as notice of a Change of Management / Change of Payee (**circle one**) for the residential units listed below that participate in AHA's Housing Choice Voucher Program (HCVP). For a Change of Management, complete Sections A and B; and, if the payee has changed, complete Section C. For a Change of Payee, complete Sections B and C. The property owner must sign this authorization below.

**Section A: Change of Management Information; Scope of Authorization**

| Owner<br>Initials | Agent<br>Initials |  |
|-------------------|-------------------|--|
|                   |                   | Authorization to receive HAP Payments.   |
|                   |                   | Authorization to execute the Request for Tenancy Approval, Housing Choice Rental Assistance Agreement and Housing Choice Rental Assistance Lease Addendum for each designated residential unit.                                    |
|                   |                   | Authorization to conduct other business with AHA, including executing the Request for Tenancy Approval Renewal, Rent Adjustment Request or other documentation requested by AHA and participating in HCVP inspections or meetings. |

|   |                  |     |
|---|------------------|-----|
| Name of Management Agent  |                  |     |
| Type of Entity (if applicable) (i.e. Corporation, LLC, Partnership, etc.)   |                  |     |
| Name and Title of Person acting on behalf of an authorized entity   |                  |     |
| Mailing Address   |                  |     |
| City  | State            | Zip |
| Email Address   | Telephone Number |     |
| Georgia Real Estate License Number or Brokerage Firm Number   |                  |     |
| Authorized Contacts (if property management company or licensed broker will be serving as management agent). Attach additional sheets if necessary. |                  |     |
| Name, Email Address and Telephone Number  |                  |     |
| Name, Email Address and Telephone Number  |                  |     |
| Name, Email Address and Telephone Number  |                  |     |
| Name, Email Address and Telephone Number  |                  |     |

HCO2052



LLFILE



**Section B: Property Included in this Authorization (Please select one only)**

This authorization covers the following residential units under the HCVP:

\_\_\_\_\_ All property currently in the owner's name and future property acquired by owner.

\_\_\_\_\_ Specified property only. List applicable property below. Attach additional sheets if necessary.

|     | <b>Property Name</b> | <b>Street Address</b> | <b>Tax Parcel Identification Number</b> |
|-----|----------------------|-----------------------|---|
| 1)  | _____                | _____                 | _____                                   |
| 2)  | _____                | _____                 | _____                                   |
| 3)  | _____                | _____                 | _____                                   |
| 4)  | _____                | _____                 | _____                                   |
| 5)  | _____                | _____                 | _____                                   |
| 6)  | _____                | _____                 | _____                                   |
| 7)  | _____                | _____                 | _____                                   |
| 8)  | _____                | _____                 | _____                                   |
| 9)  | _____                | _____                 | _____                                   |
| 10) | _____                | _____                 | _____                                   |
| 11) | _____                | _____                 | _____                                   |
| 12) | _____                | _____                 | _____                                   |
| 13) | _____                | _____                 | _____                                   |
| 14) | _____                | _____                 | _____                                   |
| 15) | _____                | _____                 | _____                                   |
| 16) | _____                | _____                 | _____                                   |
| 17) | _____                | _____                 | _____                                   |
| 18) | _____                | _____                 | _____                                   |
| 19) | _____                | _____                 | _____                                   |
| 20) | _____                | _____                 | _____                                   |

HCO2052



LLFILE



**Section C: Payee Information.**

AHA makes all HAP Payments by Automated Clearing House (ACH) to ensure swift and accurate payment to the property owner or the property owner's management agent. In addition to information requested below, please provide a copy of a completed W-9 form and a voided check for the payee to facilitate establishment of ACH payments. All forms may be accessed within the "Forms" folder at [http://atlantahousing.org/for\\_landlords.php#forms](http://atlantahousing.org/for_landlords.php#forms).

\_\_\_\_\_  
Payee Name Telephone Number Email Address (required)

Payee Relationship to Owner (select one):  
 Property Manager  
 Third Party Individual  
 Third Party Business Entity

\_\_\_\_\_  
Bank Name Name(s) on Account

\_\_\_\_\_  
Bank Routing Number Account Number

HCO2052



LLFILE



**PROPERTY OWNER CERTIFICATION (INDIVIDUAL OWNER)**

The undersigned property certifies that: (a) the management agent named in Section A (if applicable) is hereby appointed and authorized to conduct the business specified in Section A regarding the property or properties identified in Section B; (b) the payee named in Section C (if applicable) is authorized to receive HAP Payments regarding the property or properties identified in Section B; and (c) the information contained in this authorization is true and correct.

This authorization shall continue in effect until terminated in writing and signed by the property owner and delivered to AHA.

The undersigned hereby releases AHA, its Board of Commissioners, employees, agents and assigns from any liability, claims, demand, causes of action, damages, or expenses, without limitation, resulting from or associated with this authorization. The undersigned further acknowledges and confirms responsibility for informing AHA of any management, payee or other changes related to this authorization. The undersigned understands that changes to this authorization require: (i) completion of a new authorization that replaces this form in its entirety; or (ii) a signed document reasonably satisfactory to AHA indicating that the undersigned has withdrawn all authorization to transact with AHA, as provided herein.

\_\_\_\_\_  
Printed Name of Property Owner

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

Sworn to and subscribed before me this  
\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires:  
\_\_\_\_\_

Notary Public Seal



HCO2052



LLFILE



**PROPERTY OWNER CERTIFICATION (ENTITY)**

The undersigned authorized officer or agent certifies, on behalf of the property owner named below, that: (a) the management agent named in Section A (if applicable) is hereby appointed and authorized to conduct the business specified in Section A regarding the property or properties identified in Section B; (b) the payee named in Section C (if applicable) is authorized to receive HAP Payments regarding the property or properties identified in Section B; and (c) the information contained in this authorization is true and correct.

This authorization shall continue in effect until terminated in writing and signed by the property owner and delivered to AHA.

The undersigned hereby releases AHA, its Board of Commissioners, employees, agents and assigns from any liability, claims, demand, causes of action, damages, or expenses, without limitation, resulting from or associated with this authorization. The undersigned further acknowledges and confirms responsibility for informing AHA of any management, payee or other changes related to this authorization. The undersigned understands that changes to this authorization require: (i) completion of a new authorization that replaces this form in its entirety; or (ii) a signed document reasonably satisfactory to AHA indicating that the undersigned has withdrawn all authorization to transact with AHA, as provided herein.

\_\_\_\_\_  
Property Owner

\_\_\_\_\_  
Printed Name and Title of Officer/Agent

\_\_\_\_\_  
Signature of Officer/Agent

\_\_\_\_\_  
Date

Sworn to and subscribed before me this  
\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires:  
\_\_\_\_\_

Notary Public Seal



HCO2052



LLFILE

