## MANAGEMENT COMPANY NOTIFICATION FORM

## Raleigh Housing Authority Leased Housing Department

Effective 3/2017

OWNER - Please complete and submit this form along with all of the requested Ownership documentation to the Raleigh Housing Authority's Leased Housing Department. Please complete one form for each unit. The paperwork should be submitted to RHA in person, by regular mail, fax or email to bwilson@rhaonline.com.

Current Owner Name:			
Current Owner Address:			
Street	City	State	ZIP
Tenant's Name:			
Unit Address:			
		City	
Management Company Name:			
(Agent Name/ Contact Person:			_)
Management Company Address:			
Management Company Telephone Number: ()	<del>-</del>		
Management Company Email Address (required)			
Alternate contact information (fax, cell #): ()			
Management Company Agent Signature:		Date:	
<b>Management Company Authorization</b>			
I, the owner of the above referenced property, understand that my signature below authorizes the Raleigh Housing Authority to contact the Management Company identified above regarding my HAP contract for this property and that the terms and conditions of the HAP contract are strictly between me and the Raleigh Housing Authority. I further understand that it is my responsibility to notify the Raleigh Housing Authority, in writing, should my relationship with this management company be dissolved.			
Current Owner Signature:	D	oate:	
For Housing Authority Use ONLY			
Approved: Effective Date of Approval:			
Denied: Denial Reason:			

Date

Staff Signature