



**RENTON HOUSING AUTHORITY**

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:

\_\_\_\_\_

<b>Mailing ADDRESS</b>	<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Phone</b>
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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**

\_\_\_\_\_

<b>Mailing ADDRESS</b>	<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Phone</b>
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**Print NAME as it should appear on the HOUSING ASSISTANCE PAYMENT CHECKS**

\_\_\_\_\_

**Owner/Primary Principal Signature**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**