

AGENCY AUTHORIZATION FORM – Team KY Eviction Diversion Program

All Landlords/Property Managers MUST complete this form.

CERTIFICATION:

I, the undersigned, certify under penalty of perjury that I am the Property Owner or have been formally authorized by the Property Owner to execute on Property Owner's behalf any and all documents required by KHC in the administration of the Team KY Eviction Diversion Program (KY-EDP).

The Authorized Agent(s) may NOT amend or change the name of the entity receiving payment.

Please select ONE:

- I am a sole proprietor/individual property owner.
- Ownership is a part of a Corporation, Cooperative, Partnership, or Limited Liability Company (LLC)
Company Name: _____
- Property is managed by a Property Management Company who acts on behalf of the Legal owner.
(Must provide a copy of the Management Agreement along with this completed form).
Property Management Company Name: _____

AUTHORIZED AGENT(S):

Print or type name

Signature

Print or type name

Signature

Phone Number

Email Address

Note: The spouse of a sole proprietor/individual property owner must also be listed as an authorized agent to gain access to account information.

AUTHORIZED SIGNATORY:

I certify that I am the Property Owner or an agent/employee with signatory authority for the property owner.

SIGNATURE: _____

PRINT NAME: _____

COMPANY NAME: _____

TITLE: _____

EMAIL ADDRESS (f different from above): _____

PHONE NUMBER (if different from above): _____