

# AUTHORIZATION FOR SIGNING AGENT

I, \_\_\_\_\_, legal owner, do hereby authorize  
*(print name)*

\_\_\_\_\_ to act as an authorized signing agent on my  
*(print name of authorized agent)*

behalf. He/She may sign documents pertaining to my business, financial items, contracts, etc. that relate to requirements for the Walla Walla Housing Authority and require a signature.

\_\_\_\_\_  
Signature of Legal Owner *(required)*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Signing Agent *(required)*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Complete Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email Address

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.

Walla Walla Housing Authority | 501 Cayuse Street | Walla Walla Washington 99362 | 509-527-4542 | Fax 509-527-4574

Hearing-impaired, use statewide relay service number 1-800-833-6384 | [www.wallawallaha.org](http://www.wallawallaha.org) | [wwha@wallawallaha.org](mailto:wwha@wallawallaha.org)

