

**SAMPLE HOMEOWNER AUTHORIZATION  
FOR AGENCY TO ACT AS AGENT FOR HOMEOWNER**

As recipient of the City/County of \_\_\_\_\_ CDBG Residential Rehabilitation Assistance Program, I do hereby request the City/County to act as agent on my behalf to provide rehabilitation services including contracting, issuance of the notice to proceed, inspections and approvals (excluding final approval of work).

Property Address: \_\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Homeowner Signature

\_\_\_\_\_  
Homeowner Signature

\_\_\_\_\_  
Project Manager

\_\_\_\_\_  
Date