



Carlos A. Gimenez, Mayor
www.miamidade.gov

**Public Housing and Community Development
Miami-Dade Housing Choice Voucher Program**

P.O. Box 521750
Miami, FL 33152-1750
TTD/TTY Florida Relay Service
1-800-955-8771 or Dial 771

Customer Service Number: 305-403-3222/ Fax: 786-358-5893
Si necesita ayuda con este formulario, llame al 305-403-3222
Si w bezwen asistans ak fòm sa a, tanpri rele 305-403-3222

OWNER CONSENT FORM

Date: _____

Entity ID#: _____

Tenant's Name: _____

Address: _____

To whom it may concern:

This is to certify that I/we the undersigned owners hereby authorize _____,
to collect payments execute all necessary documents for the above mentioned property.

All checks should be payable as follows:

Name: _____

Street Address: _____

City, State, Zip Code: _____

Signature

Signature

Print Name

Print Name

SUBSCRIBED AND SWORN TO (or affirmed) before me this ___ day of _____ 20__

by _____ . He/she is personally known to me or has presented as

_____ as identification
(Type of Identification)

Signature of Notary

Serial Number

Print or Stamp of Notary

Expiration Date

Notary Public – Stamp of State _____
(state)

Notary Seal

