This undersigned Project and/or Property Owner authorizes the person(s) listed below ["Authorized Agent(s)"] to execute, on the Project Owner's behalf, any and all documents.

AUTHORIZED AGENT(S):

Print or type name	Signature (management representative)
Print or type name	Signature
Print or type name	Signature

This authorization shall remain in full force and effect until terminated or amended in writing by the Project/Property Owner.

Project/Property Name (if applicable)

Project Owner Signature

Date

**The executed property management agreement contract must be attached to this form in order to be valid.

WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.

KHC Form HCA-322 (Rev. 3/21)

- EQUAL HOUSING OPPORTUNITY -