



**METROPOLITAN HOUSING ALLIANCE**  
Housing Choice Voucher Department, 100 S. Arch St., Little Rock, AR 72201  
Phone (501) 340-4708 FAX (501) 340-4708  
jowens@mhapha.org



**OWNER CONSENT FORM**

Unit(s) Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To whom it may concern:

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

All checks should be payable as follows:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Last 4 digits of direct deposit bank account: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name