



Office Use Only:

Vendor # _____

RELEASE OF OWNER / CO-OWNER LIABILITY

Date: _____

Property Address: _____

I, _____, am the **owner / co-owner (circle one)** of the
Name of Affiant

above referenced property and fully understand that any and all Section 8 rent payments from The Gainesville Housing Authority will be made payable to the party listed below on my behalf:

Name of Party

Relationship to Affiant

Address, Phone Number, and E-mail of Party to receive HAP funds

BY: _____

IN WITNESS WHEREOF, I hereunto subscribe my name this _____ day of _____, 20____.

Notary Printed Name: _____

Notary Signature: _____

My Commission expires: _____

Notary Seal:

Please E-mail, Mail, or Fax Completed Form to:
GAINESVILLE HOUSING AUTHORITY
1900 SE 4th Street, Gainesville, FL 32641
Telephone (352) 872-5500 ~ Fax (352) 872-5501
accounting@gnvha.org
www.gainesvillehousingauthority.org