

AUTHORIZATION FORM



This form is to be used to authorize a specific individual (agent) to act on your (Principal's) behalf with Queen's Community Housing for the indicated purpose(s) (e.g. lease signing, showing unit to prospective subtenants, etc.) during the specified date range in the event that you are not able to perform the actions yourself.

****Please note, Queen's Community Housing cannot be named as your agent.****

I/We the undersigned Principal(s) do hereby authorize _____
 Legal name of authorized agent (please print)

to act as an agent on my/our behalf for the specific purpose(s) of:

- Completing all documentation, including signing legal forms, Unit Condition Reports, etc. for
 - lease sub-tenancy assignment
- Showing the unit to prospective sub-tenants/assignees
- Signing for / returning unit keys at the lease start / lease end

for the unit located at:

Address	City Kingston	Province ON	Postal Code
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This authorization gives the agent permission to act on behalf of the principal(s) from: to

To Be Completed by Principal(s) – Tenant(s)			
Principal 1 Name (please print)	Student #	Signature	Date (mm/dd/yyyy)
Principal 2 Name (please print)	Student #	Signature	Date (mm/dd/yyyy)
Principal 3 Name (please print)	Student #	Signature	Date (mm/dd/yyyy)
Principal 4 Name (please print)	Student #	Signature	Date (mm/dd/yyyy)
Principal 5 Name (please print)	Student #	Signature	Date (mm/dd/yyyy)
Principal 6 Name (please print)	Student #	Signature	Date (mm/dd/yyyy)
Principal 7 Name (please print)	Student #	Signature	Date (mm/dd/yyyy)
Principal 8 Name (please print)	Student #	Signature	Date (mm/dd/yyyy)

To Be Completed by Authorized Agent		
Authorized Agent Name (please print)	Signature	Date (mm/dd/yyyy)
Agent Email Address:		
Agent Address (Apartment, Street Number, Street, City, Province, Postal Code, Phone Number)		