



DESIGNATION OF AUTHORIZED REPRESENTATIVE
COMMUNITY HOUSING AND GRANTS MANAGEMENT DIVISION
SFN 52845 (07/24)

Owner Name	Tax Identification Number
Project Name	

I, as listed above, duly recognized owner of the Project named above hereby authorizes the following individual to act as representative and signatory to required documents on my behalf.

Name of Authorized Representative	Title of Authorized Representative		
Mailing Address	City	State	ZIP Code
Email Address	Telephone Number	Fax Number	

I understand that this authorization will remain in effect until revoked by me in writing. I also understand that this does not relieve me of any responsibility for compliance with the terms and conditions of the agreements I have entered into with HUD and/or North Dakota Housing Finance Agency in relation to this Project.

Owner's Signature	Date
Owner's Signature	Date

ACKNOWLEDGEMENT

STATE OF NORTH DAKOTA

COUNTY OF _____

Subscribed and sworn to before me on _____ (Date).

Signature of Notarial Officer