

DESIGNATION OF SUPER USER (CERTIFICATION PORTAL)

COMMUNITY HOUSING AND GRANTS MANAGEMENT DIVISION

SFN 62290 (07/24)

Complete this form to designate a Super User for one of	the following options:			
☐ An individual project.☐ A property management company, to grant access to	all projects assigned to t	he company.		
Option 1: Individual project for access to only the specified project				
Property Name				
Property Address	City	State	ZIP Code	
Property Owner or Authorized Representative	1			
Option 2: Management company for access to all project	cts that have the company	/ listed as "prope	erty manager."	
Property Management Company		Tax Identific	Tax Identification Number	
Property Management Company Owner or Authorized Representative	9	<u> </u>		
As duly recognized owner or authorized agent of the Pro I hereby authorize the following individual to act as the "S Management Company in the Emphasys Certification Po	Super User" on behalf of t			
Name of Super User	Title of Super User			
Mailing Address	City	State	ZIP Code	
Email Address	Telephone Number	Fax Numb	Fax Number	
I understand that this authorization will remain in effect ur relieve me of personal responsibility for compliance with with HUD and/or NDHFA in relation to this Project.				
Owner/Authorized Representative's Printed Name		Date	Date	
Owner/Authorized Representative's Signature		Date	Date	
Owner/Authorized Representative's Email Address	Owner/Authorized Representative's Telephone Number			