



MULTIPLE PROPERTY OWNERS AUTHORIZATION FORM FOR HOME REPAIRS OR REHAB VOUCHER

I understand I have applied for home repairs through the Homeowners Rehabilitation Services (HRS) program offered through the Housing Authority of the Choctaw Nation of Oklahoma. I am aware I share an equal interest in the property with other parties, but I am verifying I am the primary occupant of the property.

Please check the box that pertains to your specific situation:

- I have been granted permission from all other interested parties to have home repairs completed on the property listed below.
- All other interested parties are deceased; therefore, I am unable to obtain permission for home repairs.

By signing this document, I attest I am the primary occupant of the property and I share an equal interest in the property located at: _____, and I have been granted permission from all individuals that have interest (ownership) in the above said property; or all other owners are deceased. If other owners are deceased, I am aware I may be asked to provide death certificates.

Full Name (Print)		
Signature		Date
Notary Signature		
Title of Notary	Exp. Date	
Notary Number		

Date
Notary Stamp

580.326.7521 | 800.235.3087
HRSDEPARTMENT@CHOCTAWHOUSING.COM | FAX 580.326.7641
403 CHAHTA CIRCLE | PO BOX G | HUGO, OKLAHOMA 74743