



Property Owner Authorization Form

Grant Applicant Name: _____

Site Address for Project: _____

Property Owner Name: _____

I, _____, hereby certify that I am the legal owner of the property located at the site address listed above. I authorize _____ to apply for the Agricultural Workforce Housing Grant for this property, and, if the grant is funded, to carry out the described project at the site address. I further understand that if the grant is funded, as the property owner, I will not be eligible obtain an additional grant for the same site address.

Property Owner Signature: _____

Date: _____