**PROPERTY MANAGEMENT AUTHORIZATION & ACCESS AGREEMENT**

*(Valid across all U.S. states – Check local laws for specific requirements)*

**1. PROPERTY OWNER (GRANTOR) INFORMATION**

I, **[Full Name]**, residing at **[Address]**, being of sound mind and acting voluntarily, hereby grant access and authority to the person named below regarding the property listed in Section 2.

**2. PROPERTY INFORMATION**

This authorization applies to the following property:

* **Property Address:** **[Full Property Address]**
* **Type of Property:**
☐ Owned ☐ Rented ☐ Other: **[Specify]**
* **Property Management Company (if applicable):** **[Company Name & Contact Info]**
* **Homeowners Association (if applicable):** **[HOA Name & Contact Info]**
* **Landlord (if applicable):** **[Landlord’s Name & Contact Info]**

**3. AUTHORIZED PERSON (GRANTEE) INFORMATION**

I hereby designate:

* **Authorized Person’s Name:** **[Full Name]**
* **Relationship to Property Owner:** **[Relationship]**
* **Authorized Person’s Address:** **[Address]**
* **Phone Number:** **[Phone Number]**
* **Email Address:** **[Email]**

This person ("Authorized Person") is granted permission to **enter, manage, and conduct real estate-related business on my behalf** regarding the property stated in Section 2.

**4. SCOPE OF AUTHORITY**

The **Authorized Person** is granted permission to do the following on my behalf (**check all that apply**):

☐ **Enter and reside at the property as needed**
☐ **Negotiate, modify, or terminate a lease agreement**
☐ **Pay rent, mortgage, or property-related expenses using designated funds**
☐ **Handle property maintenance, repairs, and service requests**
☐ **Communicate with the property manager, landlord, or HOA**
☐ **Collect mail, deliveries, and packages**
☐ **Access and manage utility accounts (water, electricity, gas, etc.)**
☐ **Represent me in disputes or legal matters regarding the property**
☐ **Sell, rent, or lease the property in case of my passing**
☐ **Other:** **[Specify]**

**5. DURATION OF AUTHORIZATION**

This authorization remains in effect **(choose one):**

☐ **Indefinitely, until revoked in writing**
☐ **Until the following date:** **[Expiration Date]**
☐ **Until my death, at which point the Authorized Person may continue managing the property until legal ownership is transferred**

**6. REVOCATION OF AUTHORIZATION**

I understand that I may revoke this authorization **at any time** by providing **written notice** to the Authorized Person, my landlord, property manager, and/or homeowners' association.

**7. LIABILITY & INDEMNIFICATION**

The Authorized Person agrees to act **in my best interest** and **only** within the scope of authority granted in this document. I agree to **indemnify and hold harmless** the Authorized Person from any claims, liabilities, or damages resulting from actions taken in good faith under this agreement.

**8. SIGNATURE & ACKNOWLEDGMENT**

**Property Owner’s Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Property Owner’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9. WITNESSES (REQUIRED IN MOST STATES)**

*(Must be signed by two adult witnesses who are NOT the Authorized Person or direct beneficiaries.)*

**Witness 1**

**Printed Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Witness 2**

**Printed Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**10. NOTARY ACKNOWLEDGMENT (RECOMMENDED, REQUIRED IN SOME STATES)**

This acknowledgment is **part of the Property Management Authorization & Access Agreement** signed by **[Your Name]** on **[Date]**, consisting of **[Number]** pages.

**STATE OF [Your State]**
**COUNTY OF [Your County]**

On this \_\_\_ day of \_\_**, 20**, before me, a Notary Public, personally appeared **[Your Name]**, known to me or proven by satisfactory evidence to be the person who signed this document, and acknowledged that they executed it voluntarily.

**Notary Public Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Notary Public Printed Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**My Commission Expires:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_