

**CITY OF PENSACOLA HOUSING OFFICE  
CO-OWNER RELEASE OF PAYMENTS AUTHORIZATION**

\_\_\_\_\_  
Date

As joint owner of \_\_\_\_\_,

I grant permission for HAP payments to be made to:

\_\_\_\_\_

\_\_\_\_\_  
Signature of Co-Owner

Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public