



PLEASE HAVE AN AUTHORIZED REPRESENTATIVE OF YOUR ORGANIZATION(S) COMPLETE AND RETURN THE BELOW FORM TO OPEN AN ADMINISTRATOR ACCOUNT FOR ACCESS TO HFA'S ONLINE SYSTEMS. PLEASE NOTE THAT EACH ITEM OF INFORMATION REQUESTED BELOW IS REQUIRED FOR AN ADMINISTRATOR PASSWORD TO BE ISSUED.

Request for Administrator Account and Password for HFA Online Systems

The organization(s) identified on this page hereby request(s) HFA to open an account for and assign a password to the employee identified below, who will act as an Administrator to oversee access within our organization(s) to HFA's online systems. It is understood that the Administrator will be subject to all applicable terms governing use of HFA's online systems and will be responsible for supervising the access of our employees to HFA's online systems in accordance with such terms.

Administrator Name: _____

Administrator Title: _____ Administrator Dep't: _____

Publisher Name: _____ Publisher Number: _____

Administrator Postal Address: _____

Administrator Email: _____

Administrator Phone: _____ Administrator Fax: _____

In signing below I represent that I am authorized by the organization(s) identified above to designate the person identified above as an Administrator to oversee our employees' access to HFA's online systems.

By: _____ Print Name: _____
Authorized Signature

Dated: _____ Title: _____

Please mail or fax your form to HFA's Publisher Services Department at:
HFA
PUBLISHER SERVICES
601 W. 26th Street, Suite 500
NEW YORK, NY 10001
Or fax: 646-487-6779

For HFA Use Only: Approved By: _____