

# Resident Credit Authorization (Form)

Date: \_\_\_\_\_

Property: \_\_\_\_\_

Resident Name: \_\_\_\_\_

Acct #: \_\_\_\_\_

Unit #: \_\_\_\_\_

## Charge Type and Requested Credit Amount

Adjustment: \_\_\_\_\_

Discount: \_\_\_\_\_

Amount of Credit: \_\_\_\_\_

Reason for the request of the Credit Adjustment or Discount:

\_\_\_\_\_  
General Manager's Signature

\_\_\_\_\_  
District Manager's Signature