



1251 N. Cole Road, Boise, Idaho 83704 • (208) 321-1900 • Fax: (208) 321-1901

Check us out on the web at: [www.frpmrentals.com](http://www.frpmrentals.com)

DATE: \_\_\_\_\_

TENANT NAME(S): \_\_\_\_\_

TENANT ADDRESS: \_\_\_\_\_

I/we give permission for the following person to (initial next to all that apply):

\_\_\_\_\_ Have entry to the above address for the purposes of \_\_\_\_\_  
from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ Make payments by check or money order, have knowledge of my account balance and charges,  
request statements, and make payment arrangements on my behalf.

\_\_\_\_\_ Discuss my lease and any other leasing documents, request copies of any leasing documents,  
and make decisions about my lease. \*Please be aware that the tenant(s) will still need to  
thoroughly read and sign any leasing documents themselves.

\_\_\_\_\_ Have access to my RentVine portal. \*Please be aware this allows the authorized party to see all  
communications between you and FRPM staff, account and banking information, leasing  
documents, lease violations, and all other information available on RentVine.

**Authorized Third-Party Individual:**

**Full Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

Tenant(s) Signature:

Landlord(s) Signature:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

This shall remain in force until the tenant(s) provide a written request to revoke the above privileges of the authorized party.