



THE HOUSING AUTHORITY OF GLOUCESTER COUNTY

Representative Authorization Form: Request for Consent to Discuss and Assist on Behalf of Applicant and Participants

Head of Household Name: _____ Last 4 digits of SS#: _____

I authorize the following person or agency:

Name: _____
(if individual signing for the agency, any agency representative is authorized)

Relationship to Head of Household: _____ Phone: _____
Agency (if applicable): _____

Street Address: _____
City: _____ State: _____ Zip Code: _____

To (Head of Household must initial all that apply):

_____ Receive all correspondence from the Housing Authority (in addition to having it sent to me.) *I am responsible for notifying the Housing Authority in writing of changes to the Authorized Person's address.*

_____ Discuss any matters relating to me with Housing Authority staff. The Housing Authority is authorized to share any information they may have about me or my status in the Housing program with the Authorized Person.

State Reason for Request: _____

It is my responsibility to communicate with the Authorized Person or Agency about information submitted to or otherwise, shared with the Housing Authority on my behalf. I (the head of household) understand that this agreement does not release me from my responsibility to comply with all program requirements. Nothing in this agreement prevents me (the head of household) from acting on my own behalf. I understand that I may call the Housing Authority directly and respond directly to correspondence. This agreement will not expire unless I notify the Housing Authority in writing that I would like to cancel it. This agreement is not effective unless the Housing Authority approves it by signing below.

Head of Household's Signature

Date

Authorized Person

Date

Housing Authority Authorization

Date

