



HOUSING AUTHORITY OF GLOUCESTER COUNTY
HOUSING AUTHORITY OF THE BOROUGH OF GLASSBORO



**REPRESENTATIVE AUTHORIZATION FORM
REQUEST FOR CONSENT TO DISCUSS AND ASSIST ON
BEHALF OF APPLICANT, PARTICIPANT AND/OR RESIDENT**

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

I authorize the following person or agency:

Name: _____
(if individual authorizes an 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/Agency's address.

_____ Discuss any matters relating to me or my household with Housing Authority staff. The Housing Authority is authorized to share any information about me or my status in any program with the Authorized Person/Agency named above.

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 authorization does not release me from my responsibility to comply with all program requirements. Nothing in this authorization prevents me (the head of household) from acting on my own behalf. I understand that I may call and correspond directly with the Housing Authority. This authorization will not expire unless I notify the Housing Authority in writing that I would like to cancel it. This authorization is not effective unless the Housing Authority approves it by signing below.

Head of Household's Signature

Date

Authorized Person/Agency Representative

Date

Housing Authority Approval

Date

