



REQUEST FOR CONSENT TO DISCUSS AND ASSIST ON BEHALF OF APPLICANTS 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: \_\_\_\_\_

Complete Mailing Address (if different): \_\_\_\_\_

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

- Receive all correspondence from the Housing Authority (instead of 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, members of my household, or my status in the Section 8 program with the Authorized Person.

State Reason for Request: \_\_\_\_\_

It is my responsibility to communicate with the Authorized Person or Agency about information he or she has 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 Signature \_\_\_\_\_ Authorized Person Name (Print or Type) \_\_\_\_\_ Date \_\_\_\_\_

The Housing Authority will inform you of the granting, denial or status of this request within thirty (30) days of the receipt of this request.

Housing Authority Authorization \_\_\_\_\_ Date \_\_\_\_\_

If you have any questions regarding this form, please contact the Housing Authority at (831) 454-9455 Monday through Thursday, between 8:00 AM - 4:30 PM.