



REQUEST FOR CONSENT TO DISCUSS AND ASSIST ON BEHALF OF APPLICANTS AND PARTICIPANTS

Head of Household Name: _____ Client ID: _____

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): _____ Email: _____

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. (If you are asking that all of your mail be sent to another person, be sure they agree to receive and be responsible for all of your housing related mail)

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 _____

I, _____ yes no _____ agree to receive all mail _____ Authorized Person's Signature _____ 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 contact the Housing Authority at (831) 454-9455 extension 317, Mon-Thu 8:00 AM - 4:30 PM.