

Representative Release

I/We, _____, as a program participant for the Housing Choice Voucher Program, do hereby authorize _____, to act or speak on my/our behalf in order to obtain information on matters relating to my/our housing assistance with Housing Works.

I/We realize this release is good for a period of one year unless I/we revoke it in writing.

Participant Signature

Date

Representative Signature


Date


Representative Address

City, State and Zip Code

Representative Phone Number

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