HOUSING AUTHORITY
OF THE COUNTY OF SANTA CRUZ

AUTHORIZATION TO RELEASE INFORMATION AND CONSENT TO DISCUSS AND ASSIST ON BEHALF OF APPLICANTS AND PARTICIPANTS

Head of Household Name: _____ **Last four of SSN**: XXX-XX-_____

PURPOSE: This form allows you to authorize another agency or person to receive and/or pick up Housing Authority-related documents on your behalf, and/or to discuss matters related to your participation in a Housing Authority program.

I authorize the following person or agency: Name: _____
Please note that if you are adding an 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): _____

Authorization Instructions: Head of household must initial below next to the authorization that you wish to apply to the authorized person or agency listed above. **You may select more than one option.**

Option 1 _____ I authorize this person or agency to receive all correspondence from the Housing Authority instead of having it sent to me. Please note that you are responsible for notifying the Housing Authority in writing of changes to the address of the authorized person or agency. If you are asking that all of your mail be sent to another person, the authorized person must sign below.

Option 2 _____ I authorize this person or agency to pick up all correspondence from the Housing Authority offices instead of me. If you are asking another person to do this, the authorized person must sign below.

Option 3_____ I authorize this person or agency to discuss any matters related to with Housing Authority staff.

By singing below, I authorize the Housing Authority to send my mail to the agency or person listed above, or authorize the Housing Authority to allow the agency or person listed above to pick up my mail, if I have selected one or both those options. Additionally, I authorize the Housing Authority to share any information they may have about me, members of my household, or my status in the Housing Authority program with the authorized agency or person, if I have selected that option. I understand that it is my responsibility to communicate with the authorized agency or person about information they have submitted or otherwise shared with the Housing Authority on my behalf. I understand that this authorization does not release me from my responsibility to comply with all program requirements and that nothing in this authorization prevents me from acting on my own behalf. I understand that this authorization will not expire unless I notify the Housing Authority in writing that I would like to cancel it or change its terms. This authorization is not effective unless the Housing Authority approves it.

_____ _____
Head of Household's Signature Date

_____ _____ _____
Authorized Person Name (print or type) Authorized Person's Signature Date

_____ _____
Housing Authority Approval Date