

Advocacy Form

Instructions:

- Please complete this form if you have a family member, friend, or social, health, advocacy or other organization that will be helping you with your Housing Choice Voucher paperwork and you would like us to discuss your case with this contact person or organization. You may update, remove, or change the information you provide on this form at any time. **You are not required to provide this contact information**, but if you choose to do so, please complete this form.

Household Information

Head of Household Name:

SSN:

Housing Advocate Information

Name of Housing Advocate Contact Person or Organization:

Phone:

Address:

Relationship to Applicant:

Email:

Housing Advocate Mail Option

Do you want Home Forward to send ALL your mail to the contact person or organization at the above address? Yes No

NOTE: If you select this option, you will not receive any mail from Home Forward at your home address but it will be directed to your chosen housing advocate.

By signing this form, I give permission to Home Forward to discuss my Housing Choice Voucher case and release information about me to the contact person or organization listed above.

I understand that this authorization remains valid until I rescind it in writing.

Signature of Head of Household:

Date: