



Portage Metropolitan Housing Authority

Authorized Representative/Guardianship Form

Authorized Representative

Do you wish to name an authorized representative? ___YES ___NO
(If yes, please provide the name, address and telephone number of your authorized representative)

Name of Authorized Representative: _____

Relationship: _____

Telephone Number: _____

Address: _____

I authorize _____ to act on my behalf, receive copies of all correspondence (notices, appointment letters, etc.) from PMHA and to represent me in all activities at the PMHA.

Legal Guardian

Do you have a legal guardian whom has been appointed by a court? ___YES ___NO
(If yes, please provide the name, address and telephone number of your guardian)

Name of Legal Guardian: _____

Telephone number _____

Address: _____

This authorization form EXPIRES 36 months after the date of signature.

Signature of client Date

PMHA Staff's Signature Date

Name of client (PLEASE PRINT)