



We know the way home.

Representative Release Form

I/We, _____,

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

Address

City, State and Zip Code

Telephone Number

Date

405 SW 6th Street
Redmond, OR 97756
(541) 923-1018
Fax (541) 923-6441