



We know the way home.

## Representative Release of Information

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

### **Main Office:**

405 SW 6<sup>th</sup> Street  
Redmond, OR 97756

**P)** 541-923-1018

**F)** 541-923-6441

**Text)** 541-286-5562

**Hours:** Mon to Thurs  
8am to 5pm

**Closed Friday**

[www.housing-works.org](http://www.housing-works.org)

### **Bend Satellite Office:**

2017 NE Full Moon Dr.,  
Suite 100

Bend, OR 97701

**P)** 458-281-0813

**F)** 458-281-0815

**Text)** 541-286-5562

**Hours:** Tue, Wed, Thurs  
9am to 4pm

**Closed Monday & Friday**

[www.housing-works.org](http://www.housing-works.org)