



# Portage Metropolitan Housing Authority

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## 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