



authorization to assist

Head of Household Name	Unit Number
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I, _____,
 authorize _____
 to assist in completing my certification forms.

The person assisting is:

- Property staff
- My caseworker
- A family member
- Other: _____

I require assistance due to:

- Difficulty writing
- Difficulty understanding the forms
- Limited English proficiency
- Other: _____

If forms are completed electronically, one of the following boxes must be checked:

- This form was completed electronically by the resident.
- Management or someone outside of the household assisted with completing the form electronically.

signatures

Resident Name (Print)	Signature	Date
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Name of Person Assisting (Print)	Signature	Date
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