



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: _____

signatures

Resident Name (Print) Signature Date

Name of Person Assisting (Print) Signature Date