



DESIGNEE DECLARATION

Please note that the below designee will only be approved by SAHA if they are either a) granted Power of Attorney, b) approved as a Reasonable Accommodation by SAHA for a person with disabilities or c) authorized as a caseworker from a SAHA partner agency.

APPLICANT/PARTICIPANT INFORMATION	
Name: _____	Last 4 SSN: _____
Home Phone: _____	Cell Phone: _____
Work Phone: _____	Email Address: _____
Current Address: _____	
City: _____	State: _____ Zip Code: _____

DESIGNEE INFORMATION	
Name: _____	_____
Home Phone: _____	Cell Phone: _____
Work Phone: _____	Email Address: _____
Current Address: _____	
City: _____	State: _____ Zip Code: _____

I authorize _____ to conduct business with San Antonio Housing Authority (SAHA), including participation in the application and certification process and any other meetings with SAHA staff, on my behalf.

This request is effective from _____ until I submit a request in writing to end this agreement.

Signature

Date

Witness

Date

STATE OF TEXAS
County of Bexar

_____ personally appeared before me, and known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein are true and correct.

Sworn to and subscribed before me on this _____ day of _____, _____.

Notary Public Signature

