



# authorization to assist

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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: \_\_\_\_\_

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## signatures

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