



DESIGNEE DECLARATION

APPLICANT/PARTICIPANT INFORMATION

Name: _____ Last 4 of 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) on my behalf, including participation in the application and certification process and any other meetings with SAHA staff.

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 is 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

