



### 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 of SSN: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Current Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### DESIGNEEE 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 as 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 \_\_\_\_\_, \_\_\_\_\_ Year.

\_\_\_\_\_  
Notary Public Signature

