



Designee Declaration

Name: _____

Address: _____

City, State, Zip Code: _____

Social Security #: _____

Home Phone: _____ Work Phone: _____

I authorize _____ to conduct business with the San Antonio Housing Authority on my behalf. This includes the application and certification process and any other meetings with SAHA staff.

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

Signature _____ Date _____

Any individual with a disability or other medical need who requires accommodation with respect to this form should contact the San Antonio Housing Authority at (210) 477-6205.

Esta nota es muy importante. Si usted no comprende esta nota porque es escrito en inglés, por favor llame al (210) 477-6205 inmediatamente para asistencia.