



### ADVOCATE RELEASE FORM

Client Name: \_\_\_\_\_

I understand this advocate release form is to enable \_\_\_\_\_  
(Advocate)  
to discuss, confirm, and clarify issues with the Housing Authority in relation to my tenancy or my application for Section 8 housing assistance. I understand that any information released by the Housing Authority will be used solely for this purpose.

Name of Advocate: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Relation to Client: \_\_\_\_\_

Would you like copies of correspondence mailed to your advocate?

- YES
- NO

Are you (the client) able to read/write English?

- YES
- NO

Does you (the client) require an interpreter?

- YES      Language: \_\_\_\_\_
- NO

**FORM MUST BE SIGNED BY CLIENT/GUARDIAN AND ADVOCATE TO BE VALID.**

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OR**

Guardian Name: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AND**

Advocate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

