

Communication Designee Authorization Form

Application ID#: FL- _____

Directions: Applicants to the OUR Florida Program may designate a third party to act as their Communication Designee. The Communication Designee may be another member of the household who is not named on the lease or an individual outside of the household; e.g., a lawyer, social worker, or volunteer. With this form, the Communication Designee may correspond with program staff about the application. The Communication Designee is not authorized to make any decisions on behalf of the applicant. The Communication Designee is not eligible to receive any direct payment from the program.

The primary applicant for the household should fill out the following section.

I request that the individual named below have designated authority to act as my Communication Designee to the OUR Florida Program. This authorization is effective until revoked by me in writing.

Print Name

Signature

Date (month/date/year)

The Communication Designee should fill out the following section.

Communication Designee

Print Name

Signature

Date (month/date/year)