

## Designee Declaration

Please note that the below designee will only be approved by Opportunity Home San Antonio if they are either a) granted Power of Attorney, b) approved as a Reasonable Accommodation by Opportunity Home for a person with disabilities or c) authorized as a caseworker from a Opportunity Home partner agency.

Participant / Applicant Information		
Name ( <i>print</i> )		Last 4 of SSN
Home Telephone	Work Telephone	
Email Address		
Current Address		
City	State	Zip Code
Designee Information		
Name ( <i>print</i> )		
Home Telephone	Work Telephone	
Email Address		
Current Address		
City	State	Zip Code

I authorize \_\_\_\_\_ to conduct business with Opportunity Home San Antonio including participation in the application and certification process and any other meetings with Opportunity Home staff, on my behalf. 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 known to me 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**