



Bloomington Housing Authority

1007 North Summit, Bloomington, Indiana 47404

812-339-3491 fax 812-339-7177

**AFFIDAVIT TO ALLOW SOMEONE TO APPLY AND/OR ATTEND
RECERTIFICATION AND INTERIM REVIEWS FOR HOUSING PURPOSES**

I, _____, am authorizing
_____, to apply or recertify for Section 8 and/or
Low Rent Housing on my behalf.

Signature: _____ Date: _____

Information Regarding Authorized Person(s)

Name: _____

Address: _____

Phone: _____ Relationship: _____

Signature: _____ Date: _____

Name: _____

Address: _____

Phone: _____ Relationship: _____

Signature: _____ Date: _____