

Waltham Housing Authority

110 POND STREET

WALTHAM, MASSACHUSETTS 02451-4505

Housing Choice Voucher (Section 8) Program

LEGAL GUARDIAN / AUTHORIZED TENANT REPRESENTATIVE FORM

Purpose: This form allows a Housing Choice Voucher participant to designate an individual to communicate with the Waltham Housing Authority (WHA) and assist with matters related to the participant's housing assistance. Designation as an authorized representative does **not** make the representative a household member or provide any right to the participant's voucher or housing assistance.

SECTION 1 – PARTICIPANT INFORMATION

Head of Household/Participant Name: _____

Address: _____

Unit #: _____ **City:** _____ **State:** _____ **ZIP:** _____

Telephone: _____

Email: _____

WHA Tenant/Client ID (if applicable): _____

SECTION 2 – AUTHORIZED REPRESENTATIVE / LEGAL GUARDIAN

I authorize the following individuals to act as my representative in matters involving my Housing Choice Voucher assistance:

Representative's Full Legal Name: _____

Relationship to Participant: _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Telephone: _____

Email: _____

Type of Representative

- Court-Appointed Legal Guardian
 - Conservator
 - Power of Attorney
 - Family Member
 - Case Manager/Social Worker
 - Advocate
 - Attorney
 - Other: _____
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SECTION 3 – AUTHORITY GRANTED

I authorize WHA to communicate with the representative identified above regarding my Housing Choice Voucher case.

I authorize my representative to:

- Speak with WHA staff regarding my Section 8/HCV case.
- Receive copies of WHA notices and correspondence.
- Request and receive information regarding my housing assistance.
- Submit documents to WHA on my behalf.
- Assist with annual recertifications.
- Assist with interim recertifications and income/household changes.
- Communicate regarding inspections and housing quality requirements.
- Communicate regarding rent, utility allowance, HAP, and tenant rent calculations.
- Communicate regarding portability or relocation.
- Attend meetings with WHA on my behalf or with me.
- Assist with reasonable accommodation requests.
- Attend informal reviews or informal hearings with me.
- Receive notices regarding program compliance.
- Discuss repayment agreements or amounts owed to WHA.
- Other: _____

SECTION 4 – AUTHORITY TO SIGN DOCUMENTS

Important: Authorization to communicate with WHA does not automatically authorize a representative to sign legally binding documents for the participant.

Please select one:

- My representative is **NOT authorized** to sign documents on my behalf.
- My representative may assist me with documents, but I will provide my own signature.
- My representative has separate legal authority to sign on my behalf. Documentation establishing this authority is attached.

Type of Legal Authority: _____

Court/Agency, if applicable: _____

Effective Date: _____ **Expiration Date, if any:** _____

WHA reserves the right to require additional documentation before accepting a representative's signature on documents requiring the participant's signature.

SECTION 5 – LEGAL GUARDIAN / COURT-APPOINTED REPRESENTATIVE

Complete this section if the representative is a court-appointed guardian, conservator, or other legally appointed representative.

Court Name: _____

Court Case/Docket Number: _____

Date of Appointment: _____

Appointment Expiration Date, if applicable: _____

Required Documentation

- Copy of current court order/guardianship appointment
- Government-issued photo identification of representative
- Power of Attorney documentation, if applicable
- Other supporting legal documentation: _____

WHA may review the legal documentation to determine the scope of authority granted to the representative.

SECTION 6 – RELEASE OF INFORMATION AND CONFIDENTIALITY

I authorize the Waltham Housing Authority to discuss and disclose information reasonably necessary for the administration of my Housing Choice Voucher assistance to the representative identified on this form.

This authorization may include information concerning my:

- Household composition
- Income and assets
- Rent and utility calculations
- Annual and interim recertifications
- Inspections
- Lease and tenancy matters
- Program compliance
- Portability or relocation
- Repayment agreements
- Notices, hearings, and other HCV program matters

This authorization does not permit WHA to disclose information prohibited from disclosure by federal, state, or other applicable laws.

SECTION 7 – PARTICIPANT ACKNOWLEDGMENT

I understand that:

1. I remain responsible for complying with all Housing Choice Voucher Program family obligations and WHA requirements.
2. Appointing a representative does not transfer my Housing Choice Voucher to that person.
3. My representative does not become a member of my assisted household solely because of this authorization.
4. WHA may communicate directly with me even when I have an authorized representative.
5. I remain responsible for providing complete and accurate information to WHA.
6. WHA may require me to personally sign certain documents unless my representative has sufficient legal authority to sign on my behalf.
7. I may revoke this authorization by providing written notice to WHA.

8. WHA may request updated authorization or legal documentation when necessary to verify that the representative's authority remains valid.
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SECTION 8 – DURATION OF AUTHORIZATION

This authorization will:

- Remain effective until I revoke it in writing.
 - Expire on: _____
 - Remain effective for the duration of the legal guardianship/court appointment.
 - Apply only to the following matter: _____
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SECTION 9 – SIGNATURES

By signing below, I certify that I understand this authorization and voluntarily designate the individual identified above as my authorized representative, subject to the limitations stated in this form.

Participant/Head of Household

Printed Name: _____

Signature: _____ Date: _____

Authorized Representative/Legal Guardian

I acknowledge my designation and agree to maintain the confidentiality of information received in connection with the participant's Housing Choice Voucher assistance.

Printed Name: _____

Signature: _____ Date: _____

SECTION 10 – WHA OFFICE USE ONLY

Date Received: _____

Identification Verified: - ☐ Yes - ☐ No - ☐ N/A

Legal Authority Documentation Received: - ☐ Yes - ☐ No - ☐ N/A

Court Documentation Reviewed: - ☐ Yes - ☐ No - ☐ N/A

Authorization Approved: - ☐ Yes - ☐ No - ☐ Limited Authority

Limitations/Comments:

Reviewed By: _____

Title: _____

Signature: _____ **Date:** _____

WHA PROGRAM NOTICE

The participant remains responsible for compliance with all applicable Housing Choice Voucher Program requirements and family obligations, including the obligation to provide information requested by the PHA under **24 CFR § 982.551**.

Authorization of a representative does not constitute approval of that individual as a household member, live-in aide, or successor to the Housing Choice Voucher.

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