

# AUTHORISATION TO DISCUSS TENANCY

Complete this form to authorise someone to act on your behalf.

1. Your details	
Your name:	Tenancy Number:
Address:	
Phone Number :	

2. Your nominated person	
Please enter the details of the person you'd like to give authority to act on your behalf.	
Full name:	Date of Birth: (we will only use this to check we are speaking to the correct person)
Relationship to you:	
Phone Number(s):	
Email address (if applicable):	

3. Authority to act			
This authority to act covers (please tick all that apply)			
<input type="checkbox"/> Rent	<input type="checkbox"/> Repairs	<input type="checkbox"/> Safeguarding	<input type="checkbox"/> Tenancy

4. Declaration	
<ul style="list-style-type: none"> <li>• I authorise Mosscare St Vincent's to act on the instructions of my nominated person</li> <li>• I understand that Mosscare St Vincent's is not responsible for any actions of my nominated person using this authority</li> <li>• I understand that this authority comes into effect from the date Mosscare St Vincent's receives this form</li> <li>• I understand that I am giving my nominated person authority to access my data by telephone, email and letter</li> <li>• I understand I can write to or call Mosscare St Vincent's at any time to cancel this authority, and Mosscare St Vincent's will only cancel this authority if I ask them to in this way. Cancellation will not be effective until received by Mosscare St Vincent's.</li> </ul>	
Signature:	Date:

**PLEASE RETURN THIS FORM TO MOSSCARE ST VINCENT'S HOUSING 7<sup>TH</sup> FLOOR  
TRAFFORD HOUSE, CHESTER ROAD, STRETFORD, M32 0RS**