



**DESIGNATION OF AGENT
TO ASSIST WITH RECERTIFICATION OF ELIGIBILITY
AND AGENCY CONTACT**

I, (legal name and address) _____,
an adult being of sound mind, willfully and voluntarily appoint and authorize my representative,
named below, to receive notice of my recertification appointments, make appearances at such
appointments on my behalf, to receive information from the **CINCINNATI METROPOLITAN
HOUSING AUTHORITY** and to provide information on my behalf for the purpose of
qualification and ongoing receipt of benefits related to my participation in the housing programs
offered the Cincinnati Metropolitan Housing Authority.

This *Designation of Agent* does not nullify any court order pertaining to guardianship.

REPRESENTATIVE(S): (If the representative is a group of persons, indicate the name, last
known address and phone number of each person in the group. Attach additional sheet if
necessary.)

Name: _____

Address: _____

Telephone Number: _____

SUCCESSOR REPRESENTATIVE(S): (If the representative is a group of persons, indicate
the name, last known address and phone number of each person in the group. Attach additional
sheet if necessary.)

Name: _____

Address: _____

Telephone Number: _____

RELEASE OF INFORMATION:

I also give consent to the **CINCINNATI METROPOLITAN HOUSING AUTHORITY
(CMHA)** for release of information from my file and that such release of information shall be in
conjunction with my application, recertification interview and/or renewal of program eligibility.

DURATION:

The appointment of my representative and, if applicable, successor representative, becomes



effective upon the date of my signature and is to be renewed annually in conjunction with my annual recertification of household income and composition.

PRIOR APPOINTMENTS REVOKED: I hereby revoke any written declaration that I executed in prior to the date of execution of this written declaration indicated below.

AUTHORIZATION TO ACT: I hereby agree that the following actions may be taken on my behalf by my designated representative:

Service	Initial
Initial application for benefits	
Recertification of benefits	
Discussion of status of eligibility and/or benefits	
Entry Into the CMHA leased residence (for tenants of the Asset Management Program)	
Case Management Conferences with CMHA	
Other: _____	

LIABILITY: I understand that I remain responsible and legally obligated for compliance with the rules and regulations of the Cincinnati Metropolitan Housing Authority's program. **THE CINCINNATI METROPOLITAN HOUSING AUTHORITY** is held harmless from any actions taken by the representative as the result of execution of this form.

No person who acts in accordance with a properly executed copy of this written declaration shall be liable for damages of any kind associated with the person's reliance on this declaration.

Signed this _____ day of _____, 2 _____

(Signature of declarant)

SIGNATURES CONTINUED ON THE NEXT PAGE



WITNESSES:

I attest that the declarant signed or acknowledged this *Designation of Agent* in my presence and that the declarant is at least eighteen years of age and appears to be of sound mind and not under or subject to duress, fraud, or undue influence. I further attest that I am not the declarant's representative or successor representative, I am at least eighteen years of age, and I am not related to the declarant by blood, marriage, or adoption.

First witness:

Name (printed) _____

Residing at: _____

Signature: _____ Date: _____

Second witness:

Name (printed) _____

Residing at: _____

Signature: _____ Date: _____

~OR~

NOTARY ACKNOWLEDGMENT:

State of Ohio, County of _____ SS.

On _____ before me, the undersigned notary public, personally appeared _____ known to me or satisfactorily proven to be the person whose name is subscribed as the declarant, and who has acknowledged that he or she executed this *Designation of Appointment of Agent* for the purposes expressed in that section. I attest that the declarant is at least eighteen years of age and appears to be of sound mind and not under or subject to duress, fraud, or undue influence.

Signature of notary public:

My commission expires on: _____