

Homes and Community Renewal

ANDREW M. CUOMO Governor RUTHANNE VISNAUSKAS Commissioner/CEO

COVID Rent Relief Program: Authorized Representative Release Form

Date:	
SSN/TIN/Personal ID Number #:	
Applicant Name:	-
Applicant Address:	
Applicant Telephone Number:	-
Applicant Email Address (optional):	

Instructions: You may authorize a caseworker, attorney or other personal representative to apply for the COVID Rent Relief Program on your behalf. You may do so by providing the representative's name, organization (if applicable), address, telephone number and email address (optional) and then signing this form. Your Authorized Representative must also sign this form.

Please note: this form must be completed in English. If you need assistance filling out this form, including interpretation, please contact (833) 499-0318.

Authorized Representative's Information:

Name: _____

Organization (if applicable): _____

Address: _____

Telephone Number: _____

Email (optional):

I hereby authorize the above designated individual to act as my representative with regard to the COVID Rent Relief Program until I revoke this authorization.

I understand that by signing this form, I am authorizing the above designated individual to: apply on my behalf to the COVID Rent Relief Program; communicate on my behalf with New York State Homes and Community Renewal and it's agent(s) in order to facilitate the processing of my application for the COVID Rent Relief Program, if I am eligible; and to consent on my behalf for New York State Homes and Community Renewal and its agent(s) to request verification of my income from state and local government entities.

I understand that I may revoke all or part of this authorization at any time by notifying New York State Homes and Community Renewal in writing, by mailing a letter to: COVID Rent Relief Program 500 Bi-County Blvd., Suite #325, Farmingdale, NY 11735, or by sending via email to covidrentrelief@hcr.ny.gov.

Applicant

Date

Authorized Representative

Date