**LETTER OF AUTHORITY**

Should you require a relative, friend, neighbour or outside agency to discuss your \*rent account, repairs, tenancy issues and/or Telecare (formerly Lifeline) enquiries on your behalf, please complete the details below. You can cancel this Authority at any time by writing to us at the address below.

**A. Your Name …………………………………………………………….

 Address …………………………………………………………….

 …………………………………………………………….
I UNDERSTAND THIS LETTER OF AUTHORITY IS VALID FOR 12 MONTHS ONLY, AFTER THAT IT WILL BE REVOKED UNLESS A NEW FORM IS SUBMITTED

 Signature …………………………………………………………….

 Date …………………………………………………………….**

**B. Person/Agency**

**To be nominated ………………….………………………………………….

 Address ……………………………………………………………..**

 **……………………………………………………………..**

**Contact Number ……………………………………………………………..**

**Relationship to you ………………………………………………………….**

**Nominee’s signature ………………………………………………………….

 Date ……………………………………………………………...**

**\**Please delete if you do not wish to have these elements of your tenancy or service discussed.***

**Please return this form to Futures Housing Group**