



PROXY STATEMENT

I authorize _____ to be my proxy and to carry out program responsibilities on my behalf.

Print Name of Head of Household

Address

Telephone Number-Day Telephone Number-Evening

Social Security Number of Head of Household

Signature of Head of Household Date

I, the above-mentioned proxy, will explain all information provided by the My Home Housing Program and accept full responsibility for submitting/returning the proper forms and information to the My Home Housing Program on behalf of the above-signed applicant/participant:

Signature of Proxy Date

Address

Email address

Relationship to Applicant/Participant

Telephone Number-Day Telephone Number-Evening

