



I (name) \_\_\_\_\_  
Of (address) \_\_\_\_\_  
Date of birth \_\_\_\_\_

Name \_\_\_\_\_

Address

Date of birth

Phone number      Landline    Mobile

Email address

Who is my Friend / relative ☐ Relationship to you

Name \_\_\_\_\_

Company /  
organisation

Address base

Phone number      Landline                                  Mobile

Email address

End / review date (if applicable)

**The consent will remain in force unless you give notice to WDH to cancel the declaration.**

What information do you want us to disclose?

This is so that the person can deal, on your behalf, with any issues relating to WDH that you have asked them to.

Rent account, payment history and Housing Benefit / Universal Credit claim ☐

All aspects of Homesearch application ☐

Estate management enquiries including complaints made by and against the above named person ☐

Repairs / maintenance / improvement schemes ☐

Independent living / Housing support ☐

Other ☐ (please specify) \_\_\_\_\_

If you have Lasting Power of Attorney (property and affairs), Lasting Power of Attorney (health and welfare), Enduring Power of Attorney, Ordinary / General Power of Attorney, or Deputyship please provide the original or a certified copy of the legal document along with this form.

Signed \_\_\_\_\_

Date \_\_\_\_\_