

Communication Designee Authorization Form

Home Recovery Program (HRP) Applicants may designate any individual 18 years and over to serve as a Communication Designee. A Communication Designee is someone the Applicant authorizes to receive information about the Applicant’s application. However, the Communication Designee is not authorized to make any decisions about the application or sign any program agreements, affidavits, or other program documents on behalf of the Applicant.

By completing this form, the Applicant authorizes the HRP to share information with the Communication Designee in-person, by phone, email, or U.S. mail. To be valid, this form must be signed and dated by both the Applicant and Communication Designee. If the Applicant would like to revoke authorization from a Communication Designee, the Applicant must contact the HRP for assistance.

Applicant Authorization: I hereby authorize _____ to serve as my Communication Designee in connection with the HRP.

My Communication Designee’s email address and phone number are provided below. I, as the applicant, understand that this Communication Designee assignment will be valid until I indicate otherwise to the HRP.

Appointment of Communications Designee

Communication Designee Name:	
Communication Designee Phone:	
Communication Designee Email Address:	
Communication Designee Mailing Address:	

Communication Designee Signature:		Date:	/	/
--------------------------------------	--	-------	---	---

Applicant Declarations

By signing below, I authorize that I understand that:

- I shall remain the legally responsible party for my CDBG-DR HRP Application;
- I shall remain responsible for all information submitted on my behalf;
- I may revoke this authorization at any time by submitting written notice to HRP staff;
- The HRP may require my personal signature for specific documents, including award-agreements, beneficiary certifications, or property-related legal instruments.

Applicant Information and Authorization

Applicant (Print Name):				
Applicant Signature:		Date:	/	/
Co-Applicant (Print Name):				
Co-Applicant Signature (If Applicable):		Date:	/	/