



Bellevue Housing Agency  
8214 Armstrong Circle  
Bellevue, NE 68147  
Phone 402-734-5448  
Fax: 402-734-4358

## General Authorization Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ hereby authorize  
Your name

\_\_\_\_\_  
Name of person **you** authorize - \_\_\_\_\_ their phone number

\_\_\_\_\_  
Address of authorized person

to receive on my behalf any letters, mailings, notices and contracts from Bellevue Housing Authority to be used for my housing rental assistance purposes.

I, \_\_\_\_\_ understand that I have agreed  
Authorized person's signature

to assist the above-named person in complying with the regulations that Housing requires to continue rental assistance.

\_\_\_\_\_  
Your signature