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| **Authority to Act Mandate** | |
| Langstane Housing Association can only discuss your application or tenancy with other people or organisations when you have given us your signed permission. If you want someone to be able to talk to us about your application or act on your behalf regarding any application or tenancy matters, please complete this form in full, sign it and return it to us as soon as possible by fax, scan and email the document or post it to us. | |
| **Aberdeen office** 680 King Street Aberdeen AB24 1SL | Elgin office 7 North Guildry Street Elgin, Moray IV30 1JR |

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| --- | --- | --- | --- |
| **Your details** | | | |
| **Full name** |  | | |
| **Date of birth** |  | **Application reference** |  |
| **Tenancy address** |  | | |
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| **Declaration** | |
| I authorise Langstane Housing Association to release information regarding my tenancy/application to the person or organisation detailed below | |
| **Signed** |  |
| **Date** |  |

|  |  |
| --- | --- |
| **Your authorised person/organisation’s details** | |
| **Name** |  |
| **Relationship** |  |
| **Address** |  |
| **Contact tel/email** |  |