



P.L.A.C.E. CLIENT AUTHORIZATION FORM

We, _____ authorize the South
(PROVIDER AGENCY)

Alamo Regional Alliance for the Homeless to act as a PLACE representative for
_____ on behalf of the PLACE program.
(CLIENT)

This representation will consist of negotiation, remediation, and when applicable, the reimbursement of funds (up to \$1,500) for eviction, early lease termination or property damages for the duration of the lease (up to 1 year) while client is residing at

(PROPERTY ADDRESS)

CLIENT

I, _____ authorize the South Alamo
(CLIENT)

Regional Alliance for the Homeless and _____
(PROVIDER AGENCY)

to act on my behalf to mediate and resolve all issues including disbursement of funds relating to my time of residence at the above listed address.

Provider Agency Representative

Client Signature

Date

Date