**Third Party Authorisation Form**

**Tenant’s Information**

Tenant’s Name: …………………………………………

Tenant’s Address ………………………………………….

**Third Party Information**

Title ……… First Name(s) …………………………………………

Surname ………………………………………………

Date of Birth …………….........................................

Full Address ……………………………………………………………..

……………………………………………………………

Post Code …………………………

Telephone No: ……………………………………………………………

Email Address: …………………………………………………………..

Relationship to Tenant………………………………………….........

I authorise the above-named individual to act on by behalf in any matters relating to (please tick as appropriate):

All information relating to me, my tenancy and support related matters

Rent account, arrears and payment, finance related matters

Welfare, vulnerability, safeguarding, social needs, support requirements

Sensitive data including health, ASB, criminal records

I accept that this information will be provided until I state otherwise. I understand that it is my responsibility to inform the individual named above that I have nominated them to be contacted by Eastlight Community Homes for the purposes indicated above and to direct them to the Eastlight Community Homes’ Privacy Policy.

**Please turn overleaf**

**Privacy Statement:**

By providing the above information, you consent to Eastlight Community Homes communicating with the individual named above. Your preference will be used to update our Housing Management and Document Management systems.

You can withdraw your consent at any time by contacting Eastlight Community Homes’ Tenancy Coordinators or the Customer Service Centre.

For further information regarding how we may use, store, process and share your personal information please visit our website to view our privacy policy:

<https://www.eastlighthomes.co.uk/policies/privacy-policy/>

This information is also available on request.

Signature: …………………………………………………..

Date: ………………………………………………………….