**Advocacy Consent Form**

If you would like to give permission for someone else, such as a relative or a support agency, to discuss the following please make a cross to all boxes that apply.

|  |  |
| --- | --- |
| **Tenancy matter**  | **Give consent (x)**  |
| **Rent account** |  |
| **Housing application / Bids / Lettings** |  |
| **Repairs** |  |
| **Right To Buy** |  |
| **Adaptations** |  |
| **Anti – social behaviour** |  |
| **Mutual exchange / Tenancy Changes**  |  |
| **Other (please state)** |  |

**Tenant’s details:**

|  |
| --- |
| Name:  |
| Date of birth:  |
| Address: Postcode:  |
| Leeds Homes Registration number:  |

**Advocate details:**

|  |
| --- |
| Name/organisation:  |
| Relationship:  |
| Address:  |
| Telephone:  |
| Password (optional):  |

**Customer statement:**

I give permission for Belle Isle TMO to share information we hold in relation to the tenancy matters marked to the person or organisation specified.

**Customer signature:** .............................................................

**Date:** .............................................................

Please complete all sections that apply and return to Belle Isle TMO, Aberfield Gate, Belle Isle, Leeds, LS10 3QH.