



## Home Owner Authorization for Agency Communications

I, \_\_\_\_\_, hereby authorize the following assistance organization to access all of my ABT account information as my agent of record for ABT account # \_\_\_\_\_.

### Resident Information:

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

Housing Community Name: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

### Agent Information:

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

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_

Email \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

### Privacy Policy

ABT is dedicated to protecting your personal information and ensuring that your account information is safely stored.

### Disclosing Information To Others

ABT does not distribute, sell, or rent your name or personal information to any third party, and will never do so without your permission. The information we collect is used for internal review and to improve our services. It is not shared without your express written consent.

Resident Signature \_\_\_\_\_ Date \_\_\_\_\_