

## **TENANT CONSENT FORM**

Tenant/Joint Tenant name:

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Tenant/Joint tenant name:

.....

I/we confirm my/our agreement for the people stated below to contact Lochalsh and Skye Housing Association to discuss/access the following information regarding my/our tenancy (tick all that apply):

- Rent Account
- Property condition and repairs/maintenance
- Personal information and communication preferences
- Support needs
- Health/medical information
- Antisocial behaviour or neighbourhood management
- Other – please describe

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**Name/s of persons with third party authority to discuss and their relationship to tenant(s):**

Advocate 1: .....

Advocate 2: .....

Advocate 3: .....

**Address/Addresses:**

Advocate 1: .....

Advocate 2: .....

Advocate 3: .....

**Passwords for permitting access to information sharing:**

Advocate 1: .....

Advocate 2: .....

Advocate 3: .....

**Duration of the mandate:** Please state if this agreement is in place for a limited period of time (specify months/years) which should then be reviewed, or if it is in place indefinitely until further notice from the tenant(s):

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Signed (Tenant/Joint Tenant).....Date: .....

Signed (Tenant/Joint Tenant).....Date:.....

Signed by Advocate 1..... Date: .....

Signed by Advocate 2..... Date: .....

Signed by Advocate 3..... Date: .....