



Household Representative Consent

Street Address

Unit (if any)

ZIP Code

10-Digit EDRA Application Number

Household Move Out Date

Please note, the household move out date must comply with the terms of your existing rental agreement.

Designated Household Representative

By signing, I agree:

- To act as the Household Representative, apply for Economic Displacement Relocation Assistance (EDRA), and receive authorized payments for our household.
- To move out on or before the listed move out date.

I certify that all the information and documents provided as part of this application are true and complete and that no information that would affect an eligibility decision has been omitted, to the best of my knowledge.

First and Last Name

Signature

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Household Members

Please list **all members of your household** in addition to the household representative (including children) and have all household members 18 or older sign this agreement:

By signing, I agree to designate the person named above as the Household Representative and authorize them to apply for Economic Displacement Relocation Assistance (EDRA) and receive authorized payments for our household. I agree to move out on or before the listed move out date.

