

Advocacy Nomination Form

This form may be used to give permission to a friend or family member so they may talk to the Council, regarding your Dartford housing waiting list application.

Please use Capitals when filling in this form.

Application i	Number:				
Applicant's N	lame(s):				
A					
Contact telep	hone number: Home:				
	Mobile:				
I/We wish to nominate an Advocate to act on my/our behalf in matters relating to my/our application in respect of the Kent Homechoice scheme.					
Advocate'	's name:				
A	Address:				
	••				
Relationship to Applicant: i.e. relative/friend/home help etc please specify:					
	ignature :			Date :	
	ignature :				
Applicants Si	ignature :	<u></u>		Date :	
Applicants Si Advocate's a	ignature :cceptance:	act as advocate		Date :ed, in respect o	f their
Advocate's a I confirm that I application.	ignature :cceptance:	act as advocate	for the above name	Date :ed, in respect o	f their
Applicants Sind Advocate's a lapplication. Advocate's Sind Advocate's Sind Contact arrangements and application.	ignature : cceptance: I am prepared to a Name: Signature :	act as advocate	for the above name	Date : ed, in respect o	f their
Applicants Since Advocate's and I confirm that I application. Advocate's Since Contact arrangements, days,	ignature : cceptance: I am prepared to a Name: Signature : ngements: (please, hours available etc.)	e specify how you	for the above name	Date : Date : Date :	f their
Applicants Since Advocate's and I confirm that I application. Advocate's Since Contact arrangements, days,	ignature : cceptance: I am prepared to a Name: Signature : ngements: (please, hours available etc.)	e specify how you	for the above name	Date : Date : Date :	f their ontact Borough