



meres & mosses  
housing association



south shropshire  
housing association

## ADVOCACY NOMINATION FORM

This form should be used for you to give permission to a friend, family member or support worker to talk to SSHA/MMHA on your behalf.

A separate form should be completed for every advocate required.

**Please use Capitals when filling in this form**

**Tenant's Name(s):**

**Address:**

**Contact telephone number(s):**

**Password:** i.e. mothers maiden name, place of birth etc.

I/We wish to nominate an Advocate to act on **my/our** behalf in matters relating to **my/our** Tenancy.

**Tenant's Signature:** **Date:**

**Advocate's Name(s):**

**Address:**

**Contact telephone number(s):**

**Relationship to Applicant:** i.e relative/friend/home help etc please specify:

**Advocate's acceptance:**  
I confirm that I am prepared to act as advocate for the above named , in respect of any issues/enquiries relating to their Tenancy.

**Advocate's Signature:** **Date:**