

Housing Allocations Service



Please complete the form and upload to your Housing Online account.

To complete this, please log into your housing online account and on the Summary Page you will see a tile called 'My Saved and Submitted applications'.

Click on this tile and then select the 'Actions' drop down for your Pending application and click on 'upload document'

If your application has already been verified by the allocations team you will no longer see your pended application and will need to select the 'My verified application'.

Click on this tile and then select the 'Actions' drop down for your Pending application and click on 'upload document'

Please complete this form if you would like to authorise another person to access your data and act on your behalf. If you wish to withdraw this permission, you must notify us in writing.

Section A: Your Details (person making request, please complete in full)

Full Name:	Application Ref:
Address:	
	Postcode:
Telephone:	Mobile:
Email:	

Section B: Representative(s). The person or persons who you are granting permission to access your personal information and act on your behalf (please complete as necessary.)

Person 1 – Full Name:	
Address:	
	Postcode:
Telephone:	Mobile:
Email:	
Relationship to you:	Date of Birth:

Person 2 – Full Name:	
Address:	
	Postcode:
Telephone:	Mobile:
Email:	
Relationship to you:	Date of Birth:
Person 3 – Full Name:	
Address:	

	Postcode:
Telephone:	Mobile:
Email:	
Relationship to you:	Date of Birth:

Section C: Representative's Authorisation

- I am the representative named in Section B and agree to act on behalf of the applicant named in Section A.
- I agree to my personal details being processed by Milton Keynes City Council in accordance with this authorisation.
- I confirm that I am over the age of 18.

Person 1 – Signature:	
Name: <i>(please print)</i>	Date:

Person 2 – Signature:	
Name: <i>(please print)</i>	Date:

Person 3 – Signature:	
Name: <i>(please print)</i>	Date:

Section D: Your Authorisation

- I am the resident named in Section A and hereby give consent for the person or persons named in Section B to access my personal information and act on my behalf.
- I confirm this person/s is/are over 18 and I will notify Milton Keynes City Council in writing if I wish to withdraw these permissions in the future.
- I confirm that the information I have provided is correct to my knowledge and belief.

Signature:	
Name: <i>(please print)</i>	Date:
Signature:	
Name: <i>(please print)</i>	Date:

Third Party

