

Permission to Disclose

Declaration

By signing this form I/We authorise and request all relevant bodies to supply information reasonably required by BHA to administer my/our registration.

By my signature hereto I/We authorise and request the relevant bodies listed below to provide information reasonably required by BHA in connection with this application and without prejudice to the foregoing generality: (1) the Police (2) relevant Local Authorities (3) my Landlords or former Landlords (4) relevant Government Authorities (5) medical authorities.

Homehunt Registration Number	
First Applicant	Joint Applicant
Signature:	Signature:
Name:	Name:
Address	Address
Date	Date

Return to:
Berwickshire Housing Association
55 Newtown Street
DUNS
TD11 3AU

