
SECTION V. DESIGNEE AUTHORIZATION / POWER OF ATTORNEY (OPTIONAL)

During the complaint process, the Complainant has the right to have a designee act on their behalf. The designee will be the main point of contact for the duration of the complaint process once the designation is fully completed and received by the Department. **If there is no designee, leave Section V blank.**

Select one of the following designee options:

Appointing a designee: Select this option if the Complainant does not have court documentation or a legally executed power of attorney but would like someone to represent them through the complaint process. Complete the information requested below, including the Complainant's printed name, signature, and date signed. Provide the individual's information the Complainant wants to represent them under Designee Contact Information. A signed acknowledgement by the Complainant authorizing the designee to represent them is required.

I, _____ (Complainant), hereby authorize the person named below to act on my behalf during the complaint process and may revoke such authorization at any time either by oral or written communication transmitted to the Department.

Signature: _____ Date: _____

Authorized designee: Select this option if there is a court order or legally executed documentation for a power of attorney authorizing designee to act on the Complainant. An authorized designee is required to submit a copy of a legally executed document transferring authority to a designee to act on the Complainant's behalf with this form.

Designee Contact Information:

Name: _____ Telephone: _____

Address: _____ City: _____ State: ____ Zip: _____

Email (if any): _____

SECTION VI. CERTIFICATION

In order to certify this document and initiate a complaint, sign and date the form below. Once signed, submit the completed form and copies of any supporting documents to the Department using one of the methods below. Keep a copy of the completed form for the Complainant's records.

I certify under the laws of the State of California that the information contained within this form is true and correct to my own knowledge.

Signature: _____ Date: _____

Signed in _____ County in the State of California.

Email: MHAssistance@hcd.ca.gov

Mail: HCD—Mobilehome Assistance Center
P.O. Box 278690, Sacramento, CA 95827