



**Provider Liability Assurance for Community Empowerment (PLACE)  
Client Authorization Form**

**PROVIDER**

We, \_\_\_\_\_(Provider Agency), authorize Close to Home to act as a  
PLACE representative for \_\_\_\_\_(Client Name) on behalf of the PLACE Program.

This representation will consist of negotiation, remediation, and when applicable, the  
reimbursement of funds (up to \$3000) for eviction, early lease termination, or property damages for  
the duration of the lease (up to 1 year) while client is residing at \_\_\_\_\_(Property  
Address).

**CLIENT**

I, \_\_\_\_\_(Client), authorize the Close to Home and  
\_\_\_\_\_(Provider Agency) to act on my behalf to mediate and resolve all  
issues including the disbursement of funds relating to my time of residence at the above-listed  
address.

\_\_\_\_\_  
Provider Agency Representative

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date