



GATEWAY COMMUNITY ACTION

151 University Dr. P.O. Box 367, West Liberty, Kentucky 41472
Voice: 1-800-927-1833 or (606) 743-3131 Fax: (606) 743-1130
An Equal Opportunity Employer "M/F/D/V"

Authorized Representative Verification

I, _____ give permission for _____
Print Print

To be my representative to sign me up for assistance with Gateway Community Action.
By signing this form, I understand that you will be sharing personal information about assistance that I am applying for with my representation. Also, by signing this form I am giving this person my permission to sign the paperwork on my behalf.

Applicants Signature

Applicants address

Applicants SS#

Date

Representative's Signature

Date

Authorized representative must provide a current id at time of application.

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