

New Opportunities, Inc.

Proxy Form

Be it known that I, the undersigned, hereby appoint _____, whose relation to me is _____, as my proxy to apply for those programs and services that are checked below.

<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

This proxy designation only applies to programs checked above and will be in effect for one program year (October 1 - September 30) from the date of my signature.

I may revoke this proxy at any time by written notification to the community action agency outreach office nearest to my home.

I understand that I may be contacted by phone to verify the proxy designation each time a program or service is being requested on behalf of the proxy.

Customer Signature

Customer Phone Number *
** If your phone number changes after signing this form, please contact your local agency.*

Proxy Signature

Proxy Phone Number