

TEXOMA COUNCIL OF GOVERNMENTS
SECTION 8 HOUSING CHOICE VOUCHER PROGRAM
1117 GALLAGHER DR, SUITE 100
SHERMAN, TX 75090
(800)677-8264 (903)813-3536 FAX (903)813-3340

UTILITY ALLOWANCE CONSENT FORM

I, _____ of _____
(Name) (Address)

hereby consent and agree that the **Texoma Council of Governments Section 8 Housing Choice Voucher Program** may send a utility allowance directly to my utility service provider.

Service Provider Name

Account Number

Name Account Is In

I understand that if I wish this allowance to be sent to a different source of utility, I must submit a letter in writing to Texoma Council of Governments Section 8 Housing, detailing the reasonableness and provide the account number of said utility.

Client Signature

Date