

EMERGENCY CONTACT INFORMATION



List emergency contact person(s) over the age of eighteen (18) who will not be living with you.

NAME: _____
RELATIONSHIP: _____
ADDRESS: _____
CITY / STATE / ZIP CODE: _____
HOME PHONE: () _____
WORK PHONE: () _____
CELL PHONE: () _____

NAME: _____
RELATIONSHIP: _____
ADDRESS: _____
CITY / STATE / ZIP CODE: _____
HOME PHONE: () _____
WORK PHONE: () _____
CELL PHONE: () _____

I / We understand that the above named persons will be allowed to enter my / our leased housing unit, and if necessary, will be allowed to remove all belongings as well as property from the mailbox, storerooms, and common areas in the event of:

- my death, serious illness, injury, or if I am missing.
- our death, serious illness, injury, or if we are missing.

Applicant / Tenant

Date

Applicant / Tenant

Date