

# 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: (        ) \_\_\_\_\_

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

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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