

IN CASE OF EMERGENCY

Important. Please have this notice translated if necessary.
Importante. Por favor haga traducir si es necesario.

Please Print.

Tenant Name _____

Tenant Address _____

Home Phone _____

Cell Phone _____

Work Phone _____

EMAIL _____

Emergency Contact Person #1

Emergency Contact Person #2

Name _____

Name _____

Relationship to me _____

Relationship to me _____

Address _____

Address _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Work Phone _____

Work Phone _____

I authorize that the Salem Housing Authority allow access into my unit to the following person(s) to take possession of my personal property in the event of my death, incapacity, or at my written request:

Name _____

Address _____

Home Phone _____

Cell Phone _____

Work Phone _____

Beyond the above named individuals, if there is no family member or friend who is able or willing to take possession of my property, I hereby authorize that the Salem Housing Authority dispose of all my personal property in the event of my death, incapacity, or at my written request:

TURN OVER

Tenant Name (Please Print)

Date

Tenant Signature

Date

Witness Name (Please Print)

Date

Witness Signature

Date