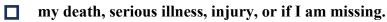
List emergency contact person(s) over the age of eighteen (18) who will not be living with you.

NAME:			
RELATIONSHIP:			
ADDRESS:			
CITY / STATE / ZIP CO)DE:		
HOME PHONE:	()	
WORK PHONE:	()	
CELL PHONE:	()	
NAME:			
RELATIONSHIP:			
ADDRESS:			
CITY / STATE / ZIP CO)DE:		
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:



our death, serious illness, injury, or if we are missing.

Applicant / Tenant

Date

Applicant / Tenant

Date



.....