



**LEASE CONTRACT Page 1: EMERGENCY CONTACTS**

Minimum 4 contacts per adult, no overlaps, not each other.

"In the event I cannot be reached, the following persons are trusted friends or family members I designate as approved to receive contact, communication, or deliveries, mail, email, notices, phone calls, texts, messages, deliveries, etc for me from Management." The categories listed are memory joggers. You can list any adult. Provide as much information as you can. Please print clearly.

**Adult # 1** \_\_\_\_\_

**Adult # 2** \_\_\_\_\_

In case of death, incapacitation, or incarceration,  
I authorize this person to remove my personal items.

In case of death, incapacitation, or incarceration,  
I authorize this person to remove my personal items.

**Prime Contact** \_\_\_\_\_

**Prime Contact** \_\_\_\_\_

**Address** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Phone** \_\_\_\_\_

Mother \_\_\_\_\_

Mother \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Father \_\_\_\_\_

Father \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Sibling \_\_\_\_\_

Sibling \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Sibling \_\_\_\_\_

Sibling \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Friend \_\_\_\_\_

Friend \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

**SIGN X** \_\_\_\_\_ **Date** \_\_\_\_\_

**SIGN X** \_\_\_\_\_ **Date** \_\_\_\_\_