

HOUSING AUTHORITY OF SAN ANGELO

420 E. 28th Street, - San Angelo, TX 76903

Tel: 325-486-3386 Fax: 325-486-3375

I, _____, as a resident of the Housing Authority of San Angelo (HASA), hereby give my permission for the following person(s) to be allowed into my unit in case of an emergency (such as hospitalization, sickness, death, etc.):

Name: _____

Address: _____

City, State: _____

Phone Number (Day) _____ Phone Number (Night) _____

Relationship to tenant: _____

Name: _____

Address: _____

City, State: _____

Phone Number (Day) _____ Phone Number (Night) _____

Relationship to tenant: _____

In case of death, who should receive your security deposit if you are eligible for a refund?

Name: _____

Address: _____

City, State: _____

Phone Number (Day) _____ Phone Number (Night) _____

Relationship to tenant: _____

I understand that this authorization will remain in effect indefinitely unless I change it in WRITTING at the HASA offices.

Signature of Tenant

Date