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
I,Angelo (HASA), hereby give my pe	rmission for the following person	on(s) to be allowed into my unit in
case of an emergency (such as hospi	talization, sickness, death, etc.)	:
Name:		
Address:		
Cita State		
City, State:		-
Phone Number (Day)	Phone Number (Night)	
Thone Number (Day)	I none ivumber (ivigit)	
Relationship to tenant:		
Relationship to tenant:	********	- *********
Name:		
Address:		
City, State:		-
Discuss Manuals of (Dara)	Dhana Namban (Ni ala)	
Phone Number (Day)	Phone Number (Night)	
Relationship to tenant:		
**************************************	*********	- *********
In case of death, who should receive	your security deposit if you are	e eligible for a refund?
,	year recursiy aspects a year as	
Name:		
Address:		
City, State:		-
Phone Number (Day)	Phone Number (Night)	
Deletionship to topout		
Relationship to tenant:		-
I understand that this authorization	on will remain in effect indefin	italy unless I change it in
WRITTING at the HASA offices.	m wan remain in circu mucini	nery unicos i change it in
WKII IIING at the HASA Utilices.		
	<u></u>	
Signature of Tenant	Date	