

Emergency contact up-date

(to be updated on an annual basis)

Date: _____

Emergency contact for _____ Tenant

_____ Address

Do you require assistance evacuating the building in an emergency?

☐ Yes

☐ No

Please provide [**non-profit**] with an up-dated name, address and phone number of a person we should call in case of an **emergency**:

1. Name: _____ Phone: _____

Address: _____

Relationship to Tenant: _____

2. Name: _____ Phone: _____

Address: _____

Relationship to Tenant: _____

Name and phone number of your family doctor:

1. Name: _____ Phone: _____

Address: _____

Relationship to Tenant: _____

Name and phone number of the person to whom you have given Power of Attorney or the Executor of your estate:

1. Name: _____ Phone: _____

Address: _____

Relationship to Tenant: _____

[Non-profit] will collect, retain, and use the information provided by you in this form for the purpose of contacting necessary services or your next-of-kin in case of emergency concerning your health and/or your housing.

I authorize and agree that [non-profit] may collect, use, and disclose personal information to those individuals listed on the form in the event of an emergency.

Signatures of all household members that are 16 years of age and over are included below.

Signatures must be witnessed.

X _____ Tenant	X _____ Witness's Signature	_____ Date
X _____ Tenant	X _____ Witness's Signature	_____ Date