

# Security Deposit Disposition

## Housing Authority

In the event of serious illness or death, the following named person is authorized to enter the apartment and remove all contents and collect any refundable Security Deposit.

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Relationship \_\_\_\_\_

In case of an emergency, please notify:

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Relationship \_\_\_\_\_

\_\_\_\_\_  
Resident Name

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Housing Authority Official

\_\_\_\_\_  
Date