

HARRISBURG HOUSING AUTHORITY
HOUSEHOLD EMERGENCY CONTACTS



Head of HH Name _____ Entity ID _____

Address _____ Harrisburg, PA _____
(zip code)

Social Security Number _____ Telephone Number _____

In the event of grave or emergent conditions or situations with regard to my household, I authorize the Harrisburg Housing Authority to contact the following individuals on my behalf. I understand this information is in my and the Housing Authority's best interest to provide this information. I further understand that I am required to update this information at least once each year during the annual recertification of my household family composition and income, however am at liberty to change this information at any time by reporting to the on-site housing manager and completing a new Household Emergency Contact form.

Contact 1

Name _____

Address _____

Phone Number _____ Relationship _____

Contact 2

Name _____

Address _____

Phone Number _____ Relationship _____

Head of Household Signature

Witness Signature

Date

Date