

**EMERGENCY CONTACT, REFUND OF SECURITY DEPOSIT,  
DISPOSITION OF FURNITURE & PERSONAL PROPERTY  
FOR FEDERALLY SUBSIDIZED HOUSING COMPLEXES MANAGED  
BY HUMAN RESOURCE DEVELOPMENT AND EMPLOYMENT, INC. (HRDE)**

If I should die, and it is impractical to refund any of my security deposit to me, then it should be paid in trust to my Administratrix, Executrix, Guardian, and/or Conservator. The check and or invoice will be sent to "The Estate of \_\_\_\_\_".

In an emergency, the persons listed below should be contacted.

**EMERGENCY CONTACT**

1. NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
TELEPHONE # \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_
  
2. NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
TELEPHONE # \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

Any furniture or other personal property left in my apartment, at the time of death or becoming incompetent, may be turned over to my Administratrix, Executrix, Guardian, Conservator, or to either of the persons listed below. These individuals have been so informed.

**PERSONAL PROPERTY**

1. NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
TELEPHONE # \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_
  
2. NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
TELEPHONE # \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

**RESIDENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**WITNESS SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

aft 4009, afl-cio  
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