

TENANT EMERGENCY INFORMATION
Applicants/Tenants for/in SENIOR/DISABLED Apartments

Tenant Name _____ Date _____

Name of Physician _____ Doctor's phone # _____

Doctor's Address _____

HEALTH INSURANCE: Check any/all of the following that you have:

Medicare _____ Medicaid _____ BC/BS _____ AARP _____

Other _____

**WHO DO YOU WANT US TO CALL IN CASE OF AN EMERGENCY? OR
WHO SHOULD BE NOTIFIED IF SOMETHING SHOULD HAPPEN TO YOU?**

Name _____ Name _____

Address _____ Address _____

PHONE #'s

PHONE #'s

Home _____ Home _____

Work _____ Work _____

Cell _____ Cell _____

Relationship _____ Relationship _____

DO YOU HAVE A LAWYER? Lawyer's Name _____

Lawyer's Address _____ Phone # _____

WHO HAS POWER OF ATTORNEY FOR YOU?

Name _____

Address _____ Phone # _____