

# INDEMNITY AGREEMENT

Resident designates the following adult person as Resident's beneficiary and delegates to them authority to: (1) Assist PHA in determining a reasonable accommodation that would enable Resident to comply with the Lease, (2) Assist in relocating Resident in the event Resident is no longer able to comply with the material provisions of this Lease, (3) Remove from the premises and take possession of Resident's personal property and collect any refundable Security Deposit in the event of the death, serious illness, or incapacity of Resident, or in the event that this agreement is terminated by PHA and Resident is otherwise unavailable:

## **IN CASE OF SERIOUS ILLNESS OR IN THE EVENT OF DEATH, PLEASE NOTIFY:**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Cell Telephone \_\_\_\_\_ Relationship \_\_\_\_\_

**Note: You must list 2 different people NOT in the same household.**

## **IN CASE OF EMERGENCY, PLEASE NOTIFY:**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Cell Telephone \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_  
Resident Name (Print)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
PHA Representative

\_\_\_\_\_  
Date