

**TWIN FALLS HOUSING AUTHORITY
CONSENT FORM**

I, as a resident of Twin Falls / Jerome Housing Authority, hereby give my permission for the following person(s) to be allowed into my apartment in case of an emergency (such as hospitalization, sickness, death, etc.):

Name: _____

Address: _____ City/State _____

Phone number: Daytime: _____ Nighttime: _____

Relationship to Tenant: _____

Name: _____

Address: _____ City/State: _____

Phone number: Daytime: _____ Nighttime: _____

Relationship to Tenant: _____

It is recommended a consent form be on file with the Authority to avoid any potential problems.

The PHA resident understands this authorization will remain in effect unless resident changes it in WRITING at the Housing Authority administrative office.

Signature of Resident

Date

Once you have completed this form, please return to the office.