

## EMERGENCY CONTACT FORM

Full Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment #

City State ZIP Code

Home Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Spouse's Work Phone: ( ) \_\_\_\_\_

### Emergency Contact Information

Full Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment #

City State ZIP Code

Primary Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

Relationship: \_\_\_\_\_

If you have additional health concerns or issues you would like us to know about in case of emergency, please list below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

526 Edelweiss Village Parkway | Gaylord, MI 49735 | Office: (989) 732-6070 | ReStore: (989) 731-4506  
Fax: (989) 731-4578 | Email: [office@otsegohabitat.org](mailto:office@otsegohabitat.org)



All applicants are considered without regard to age, color, disability, gender identity, height, marital status, national origin, race, religion, sex, gender, sexual orientation, veterans, weight nor as state or federal law otherwise prohibits.