

<b>SUBJECT</b>	<b>Date</b>
<b>STANDARD OPERATING PROCEDURES MANUAL LEASE PROCESSING RESIDENT EXPIRATION FORM - Form #L-17</b>	<b>07-01-20</b>

PURPOSE: Authorization for admittance to each unit in the event of the resident's death

PREPARED BY: SM or DM

WHEN PREPARED: Prior to move-in, upon request of the resident, at recertification time

REFERENCES: 7 CFR 3560 – Handbook 2  
Florida Statutes  
Georgia Statutes  
Procedure Memoranda

- (1) Name, address, phone number and relationship is completed by each resident 18 years of age of older or provided by the resident.
- (2) Apartment number
- (3) Property name
- (4) Partnership name
- (5) Signature of resident
- (6) Date Signed
- (7) Signature of witness
- (8) Date witnessed

Comments:

- A. The form is to be completed each time a tenant certification is completed.
- B. The Resident Expiration Form is to be sent in with the tenant certification documents.
- C. The person listed as the emergency contact cannot be a member of the same unit. This includes caregivers.
- D. Upon the incapacitation or death of a single resident or a resident with minor children, at the requested of the person listed on the Resident Expiration Form, the locks may be changed. The key is only to be given to the person listed on the expiration form.**

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- E. Only one person is to be listed as the emergency contact.**
- F. Outside agencies, businesses, churches, etc. are not to be listed as the emergency contact. It must be a family member or friend.**
- G. Property managers are never to be listed on the Resident Expiration Form.**
- H. Emergency contact must be located within a 100 mile radius of the property.**
- I. If the emergency contact is not located within the 100 mile radius of the property, the resident must complete a General Affidavit explaining why there is no one closer.**



**RESIDENT EXPIRATION FORM**

Although it is not pleasant to discuss such matters, in the event I become incapacitated or die, I give:

\_\_\_\_\_ (1)  
NAME

\_\_\_\_\_ (1)  
STREET ADDRESS

\_\_\_\_\_ (1) \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE  
CITY

\_\_\_\_\_ (1)  
PHONE INCLUDING AREA CODE

\_\_\_\_\_ (1)  
RELATIONSHIP TO SIGNER

permission to enter my apartment # (2) to take care of any and all necessary things, including my contents and personal belongings. Flynn Management Corporation and \_\_\_\_\_ (3) (Property Name) (4) \_\_\_\_\_ (Partnership Name) will be relieved of legal responsibility for all the contents and personal belongings in my apartment and the actions of the individual.

I further understand that representatives of Flynn Management Corporation may, upon my death and/or incapacitation, and at the request of the person named above, immediately change all locks to my apartment to ensure the safety of my belongings. The individual listed above must show proper photo identification to the on-site staff prior to entry to the apartment. Lastly, only the individual listed above, a court appointed representative, or a law enforcement officer (not related) will be granted entry.

I make this statement now of my own free will and under no duress.

\_\_\_\_\_ (5)  
Signature

\_\_\_\_\_ (6)  
Date

Witnessed by:

\_\_\_\_\_ (7)  
Signature

\_\_\_\_\_ (8)  
Date