

Resident Communication Data Collection

Date: _____
Entity #: _____

In an effort to best service you, kindly provide the following information which will assist the BHA in determining various means of communication when we need to contact you.

Full Name: _____

Address _____ Unit #: _____

Main Phone #: _____ Alternate Phone #: _____

Other Phone #: _____

May we send Text messages to your phone? ___ Yes ___ No

E-mail address: _____

Emergency contact Name _____ Telephone #: _____

Emergency Contact Relationship _____

Language Spoken _____ Language Read _____

Need other means of communication? Specify _____

Do you have a telephone, computer or laptop that may be used for a face to face communication if we need to schedule a meeting with you? ___ Yes ___ No

Thank you for your understanding and your responses as we work towards improving our means of communication to ensure we may keep you informed.

This will assist you and the BHA to be able to communicate more efficiently, especially during this type of pandemic situations.

Signature: _____ Date: _____
BHA Tenant or BHA Staff who completed form