



Beneficiary Assignment Form

In the event of my death as a current tenant of East Georgia Housing Authority, I name the individual(s) below to be the beneficiary and recipient of my security or pet deposit at said Housing Authority. I further authorize the Housing Authority to deliver checks for these deposits to the individual(s) named, and to allow such individual(s) to receive any personal items or documents left by me at said Housing Authority after my death.

Beneficiary Name: _____

Address: _____

Phone Number: _____

Resident

Date

EGHAP Personnel

Date

Sworn to and subscribed before me this
_____ day of _____, 20____.

Notary Public

(SEAL)

Crawfordville Property
301 Thompson Street
Crawfordville, Georgia 30631

Harlem Property
140 E. Milledgeville Road
Harlem, Georgia 30814

Thomson Property
219 Pecan Avenue
Thomson, Georgia 30824

Warrenton Property
PO Box 2
Warrenton, Georgia 30828