



A Community Partner,  
Helping People to Help Themselves

# Walla Walla Housing Authority

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509-527-4542 \* Fax 509-527-4574  
Hearing-impaired, please use relay service  
www.wallawallaha.org \* wwha@wallawallaha.org



## OUT OF TOWN

I, \_\_\_\_\_, and those residing at  
(print head of household name)

\_\_\_\_\_  
(print complete address, including unit number)

While out of town, I/we can be reached at:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My unit and/or mail will be checked by: \_\_\_\_\_,  
(print name)

who can be reached at: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above **DOES** / **DOES NOT** have a key to my unit.  
(circle one)

I/we understand that no one, who is not listed in my household composition of my lease agreement is authorized to stay in the unit while I/we are out of town.

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date