

**THIS SECTION FOR MANAGEMENT/LEASING OFFICE USE ONLY**

<b>Name:</b>	
<b>Bedroom Size:</b>	

<b>Eligible: (Y/N)</b>	
<b>Date and time of receipt of the application:</b>	

**APPLICATION FOR HOUSING  
(High Rise Community Name)**

*Please read all of the information below before beginning this application.*

This apartment community provides affordable housing to eligible individuals and families. We do not discriminate against applicants on the basis of their race, religion, sex, color, national origin, age, disability or familial status.

**Reasonable Accommodations for Applicants with Disabilities**

We provide "reasonable accommodations" to applicants who demonstrate the need for them due to a disability. A reasonable accommodation may be a structural change to our units or common areas, or a modification of a rule, policy, procedure, or service that will assist an otherwise eligible applicant or a resident with a disability to make effective use of our programs. A family that has a member with a disability must still be able to meet essential obligations of the lease. For example, they must be able to pay rent, to care for their apartment, to report required information and to avoid disturbing their neighbors.

If you or a member of your family have a disability and think you might need or want a reasonable accommodation, or if you need help completing this application, you may request it by informing the property manager at the address on the bottom of this page at any time in the application process or at any time you need an accommodation. This is up to you. If you would prefer not to discuss your situation with the property manager, that is your right. Please read Article Seven from Atlanta Housing Authority's Statement of Corporate Policies for the complete Reasonable Accommodation Policy (attached).

**Are You Eligible?**

To be eligible for admission, an applicant must meet all of the following requirements:

1. The head of household or spouse (if married) must be elderly (age 62 or older), almost elderly (age 55 to 61), or disabled;
2. Applicant is an eligible low income family based on total annual household income limits established by the U. S. Department of Housing and Urban Development (HUD);
3. All members of Applicant's household must satisfy HUD's statutory and regulatory requirements for citizenship / eligible immigrant status;
4. Each school-age member of the Applicant's household who is under 18 years of age and who has not completed her/his secondary education must be enrolled and attending an accredited public or private secondary academic or technical school;
5. At least one adult member of the Applicant household, 18 years of age or older, must be legally employed on a full-time basis for at least 30 hours per week, provided the applicant household is not an Elderly Family or a Disabled Family in which each adult member of the household is age 62 or older or has a verifiable disability;
6. Each other member of the Applicant's household, 18 years of age and older, must be either:
  - a. legally employed on a full-time basis for at least 30 hours per week;
  - b. a full-time student at an AHA recognized school or institution;
  - c. legally employed on a part-time basis and either attending an AHA recognized school or institution on a part-time basis or participating in an AHA-approved training program for a combined minimum total of 30 hours per week for employment and education/training;
  - d. elderly; or disabled; and
7. Applicant would be a suitable Resident based on past satisfactory behavior including, but not limited to, housekeeping performance, acceptable payment records for rent and/or utilities (as applicable), acceptable credit history, acceptable criminal history screening and a commitment to abide by the lease offered to eligible Applicants.



**Order of Applicant Selection for High-Rise Communities**

Placement on the site-based waiting list of high-rise applicants who meet the eligibility requirements will be determined by the ranking of the Applicant's application by either date-and-time of application or lottery, as applicable. The waiting list will then be processed in order according to unit type and size.

In order to achieve optimal balance of Elderly, Almost Elderly, and Non-elderly disabled Residents in its High-rise Communities the Management Agents of this community shall be permitted to admit applicants from the waiting at a ratio of four (4) Elderly and Almost Elderly Applicants to one (1) Non-elderly disabled Applicant.

**Please provide the following information:**

**Applicant's Name (Head of Household):** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Apt. #:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Previous Mailing Address:** \_\_\_\_\_ **Apt. #:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Please list all other states you have lived in:** \_\_\_\_\_

**Home Phone Number:** ( ) \_\_\_\_\_ **Work Phone Number:** ( ) \_\_\_\_\_

**Cell/Pager Number:** ( ) \_\_\_\_\_ **Other Contact Number:** ( ) \_\_\_\_\_

List all household members who will be living in the apartment and provide all of the information requested below about each household member.

Family Member's Name	Relationship to Applicant	Birth Date	Age	Sex	Social Security Number	# of Hours Working per week	# of Hours Training per week	Student Status (full or part time)



What unit size do you require? Please check one of the following unit sizes that are available at this property: (To avoid overcrowding and the conditions that may arise from overcrowding, Residents will be assigned to an apartment so that generally no more than two adults occupy a bedroom.)

Bedroom units Available:  Studio  One  Two

Fully accessible units were designed for residents with mobility-related disabilities or who may use a wheelchair or scooter. These units offer features such as wider doors, lowered controls, light switches, counters, cabinets, roll under sinks etc. Applicants may apply for this type of unit anytime during their application process. Upon request an eligible household may be offered a fully accessible unit based on availability.

Applicants may request that special features be added to units where the household does not require full accessibility.

Does any household member require a fully accessible unit?  Yes  No

Does any household member require a unit with special features or a program modification due to a disability?

Yes  No **If yes**, please describe the special features needed to accommodate the household member's disability or handicap:

Have you ever lived in public housing before?  Yes  No If yes, where?

Dates: From: \_\_\_\_\_ to \_\_\_\_\_ Name of Lessee: \_\_\_\_\_

Have you ever been evicted?  Yes  No If yes, please provide the reason for the eviction below.

**SOURCE OF INCOME**

For each type of income that any household member receives, give the source of the income and the amount of income expected from the source during the next twelve (12) months. (Examples: Employment, TANF, Social Security, SSI, Pensions, Disability Compensation, Unemployment Compensation, Family Contributions, Interest, Baby Sitting, Care-taking, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Armed Forces Reserves, Scholarship, and/or Grants, etc).

Household Member	Source of Income	Amount
		<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
		<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
		<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
		<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year

**EXPENSES**

Do you have any expenses on behalf of a household member with disabilities so an adult in the family can work?  Yes  No If yes, describe the nature of your expense and the monthly amount

Do you have Medicare?  Yes  No Medicare Premium Amount: \$ \_\_\_\_\_

Do you have any other kind of medical insurance?  Yes  No

If yes, please specify: \_\_\_\_\_



Do you have any outstanding medical bills on which you are paying?

Yes  No If yes, amount? \_\_\_\_\_

Do you expect to have any medical expenses during the next 12 months?

Yes  No If yes, amount? \_\_\_\_\_

**CRIMINAL ACTIVITY**

A. Have you or any members of your household been involved in, arrested for, charged with, or convicted of any criminal activity?  Yes  No

B. Are you required to register with a sex offender registry?  Yes  No

C. If you answered "Yes," to either of the above questions, please list the criminal charges or activity and explain the circumstances of the involvement, arrest, charge or conviction. If additional space is needed, please write on the back of this page or attach additional sheets.

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

**AUTHORIZATION FOR THE RELEASE OF INFORMATION**

I do hereby authorize the owner and management of this community to obtain information about me and any member of my household that is pertinent to determine my eligibility and suitability for an apartment in this housing community. I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me for admission and may be grounds for eviction, non-renewal or termination of assistance.

I also understand that false statements of information are punishable under federal and state law, and that I may be denied housing for any false statements.

**Warning:** 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing a false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or agency of the United States may be fined not more than \$10,000 or imprisoned for not more than five years or both.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Other Adult Household Members (if applicable):**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Attachments:**

- 1.  Authorization for Release of Criminal Activity Information
- 2.  Verification of Social Security Number
- 3.  Copy of Birth Certificate
- 4.  Race and Ethnic Reporting Form
- 5.  Authorization for the Release of Information / Privacy Act Notice
- 6.  Declaration Format
- 7.  Fraud Disclosure
- 8.  Request for Reasonable Accommodation Packet
- 9.  Statement of Corporate Policy Excerpts
- 10.  Violence Against Women Act (VAWA) Notification



## AUTHORIZATION FOR RELEASE OF CRIMINAL ACTIVITY INFORMATION

Federal law requires the Requesting Party and AHA to verify certain information about all members of households living in or applying for admission to AHA communities. Federal law also requires your cooperation in supplying information on criminal activity (if any) of any person listed below.

Using the numbers below, please indicate whether you or any household member has been involved in, arrested for, charged with or convicted of any crimes, including, **but not limited to**, any of the following:

- |  |  |
|--|--|
| <ol style="list-style-type: none"> <li>1. Homicide, Murder, Voluntary Manslaughter</li> <li>2. Sex-related crimes (including Rape, Sexual Battery)</li> <li>3. Child Molestation, Child Sexual Exploitation</li> <li>4. Assault, Battery</li> <li>5. Robbery</li> <li>6. Drug-related crime (including Trafficking, Distribution, Manufacture, Sale, Use, Possession)</li> <li>7. Arson</li> <li>8. Burglary</li> <li>9. Illegal Firearms</li> <li>10. Kidnapping, False Imprisonment</li> <li>11. Harassment, Stalking</li> </ol> | <ol style="list-style-type: none"> <li>12. Hate Crimes, Terrorism</li> <li>13. Motor Vehicle Theft</li> <li>14. "Carjacking"</li> <li>15. Larceny</li> <li>16. Child Neglect</li> <li>17. Child Abuse</li> <li>18. Disorderly Conduct</li> <li>19. Prostitution, Solicitation of Prostitution</li> <li>20. Vandalism, Destruction of Property</li> <li>21. Receiving Stolen Goods</li> <li>22. Other crimes<br/>(Specify:_____)</li> </ol> |
|--|--|

Household Member's Full Name	Social Security Number	DOB: MM/DD/YY	Race	Sex	Crime No. (see above)	Status/Disposition	Other States Lived in

Address \_\_\_\_\_ Apt #: \_\_\_\_\_

I hereby voluntarily authorize any law enforcement agency and/or any other authorized entity to release to the Requesting Party and AHA information, including a copy of any records regarding any criminal activity which I have been involved in, arrested for, charged with or convicted of. I authorize the Requesting Party and AHA to share this information and any other information that they may have regarding any criminal activity in which I have been involved in, arrested for, charged with or convicted of with Requesting Party and AHA agents/representatives. **The Requesting Party and AHA may periodically perform or engage any law enforcement agency and/or authorized entity to perform a criminal background check at any point from the date of my signature.** A copy of this Authorization shall be as effective as the original and shall be valid until revoked by me in writing. I recognize that if I have any outstanding warrant(s), I may be arrested by the local Sheriff's Department or other law enforcement agencies.

Head of Household's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Household member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Copy of Driver's License or Picture Identification Card of each person listed above Attached  
 Yes  No

Signature \_\_\_\_\_ (Requesting Party – Property Management) \_\_\_\_\_ (Date)

<b>PMCo</b>	Community Name Address Phone For TTY/Georgia Relay Service Dial 711
-------------	--

## Notice of Your Right to a Reasonable Accommodation

If you need:

- A change in our policies or procedures
- A special feature modification to your apartment
- A modification to a part of the property
- A change in the way we communicate with you
- Transfer to another apartment

Because of a disability, you may ask for this change, which is called a “reasonable accommodation”.

If your request is reasonable, if it is not prohibitively expensive, and if it does not result in a change in the scope and focus of what the Authority does, we will try to make the changes you need.

We will strive to render a decision within twenty (20) business days unless there is a problem getting the information we need. We will let you know if we need more information or verification from you or if we would like to discuss other ways of meeting your needs.

If we turn down your request, we will explain our decision, and you may give us additional information.

Please advise us if you need help in using the form, or if you wish to receive this Request Form in an alternative format to meet your communication needs.



<b>PMCo</b>	Community Name Address Phone For TTY/Georgia Relay Service Dial 711
-------------	--

**Request for a Reasonable Accommodation**

Applicant/Resident Name: \_\_\_\_\_

Community Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

The following member of my household has a disability. Please list name:

Please specify the reasonable accommodation:

I need this reasonable accommodation to assist with:

**Applicant/Resident Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Received by:**

**PMCo Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

cc: Regional Manager  
 AHA 504/ADA Coordinator





*Excerpts from the Statement of Corporate Policies  
Governing the Leasing and Residency of Assisted Apartments*

PART I.  
ARTICLE SEVEN  
REASONABLE ACCOMMODATION

1. Atlanta Housing Authority shall assist persons with disabilities who are Applicants, Residents, employees and visitors to Atlanta Housing Authority offices and communities to participate in programs on the same basis as persons who do not have such disabilities. Atlanta Housing Authority will make reasonable and necessary accommodations for persons with disabilities so that each such person may participate in a meaningful manner, and benefit from, all Atlanta Housing Authority-sponsored programs and activities. These reasonable accommodations shall extend to Atlanta Housing Authority's applications procedures, program participation and facilities enhancement activities.
2. Atlanta Housing Authority and Owner Entities through their respective Management Agents shall (i) set forth a process for Applicants, Residents and members of the public who participate in programs in Affordable Communities and/or Signature Communities to request reasonable accommodations; (ii) provide forms for individuals to request reasonable accommodation(s); (iii) set forth specific procedures regarding the acceptance, processing and disposition of reasonable accommodation request(s), including timeframes; and (iv) provide formal appeal/grievance procedures for individuals who have been denied reasonable accommodation(s).
3. As a component of Atlanta Housing Authority's reasonable accommodation efforts, Atlanta Housing Authority will advise Applicants, Residents, employees and members of the public of the right to effective communication in programs, services and activities. Management Operating Procedures will ensure that:
  - A. Interested persons, including persons with hearing, visual or cognitive disabilities, can obtain information concerning the existence and location of accessible services, activities, and facilities;
  - B. Atlanta Housing Authority, Owner Entities, or Management Agents shall furnish appropriate auxiliary aids and services, where necessary, to afford a



*Excerpts from the Statement of Corporate Policies  
Governing the Leasing and Residency of Assisted Apartments*

person with disabilities an equal opportunity to participate in programs, services and activities. In determining what auxiliary aids are necessary, Atlanta Housing Authority, Owner Entities, or Management Agents shall give primary consideration to the requests of the person with disabilities unless doing so would result in a fundamental alteration of programs or activities, or an undue financial and administrative burden; and

- C. Residents and Applicants are aware of alternative, nonwritten methods to request a reasonable accommodation and the availability of forms and information in alternative formats.



*Excerpts from the Statement of Corporate Policies  
Governing the Leasing and Residency of Assisted Apartments*

PART III  
ARTICLE FOUR  
TRANSFERS

1. Residents may request a transfer to another Assisted Apartment within the same community with Assisted Apartments subject to approval by the Management Agent (a "Community Transfer"). A request to move to another community is not considered a Community Transfer. Residents cannot initiate a transfer to another community. Residents must submit an application to the other community and, if approved, provide the appropriate notice under the current Lease, except as provided for in Section 6 of this Article Four.
2. Residents who have requested a Community Transfer must be current in all obligations under the Lease including, but not limited to having no outstanding charges for rent or other charges; no chronic rent delinquency (more than one late payment in a four month period); and no insufficient fund charges for the preceding six months.
3. A Resident's request for a Community Transfer shall not be approved if the Resident has resided in the current apartment for less than one year, except in those cases where there are verifiable medical reasons or a verifiable disability requiring special features, which cannot be provided through a reasonable accommodation in the current unit.
4. If the Community Transfer is approved by the Management Agent, the Resident must pay a "Transfer Fee" based on the schedule of fees published for the particular community with Assisted Apartments.
5. Residents will not have to pay the Transfer Fee if the Community Transfer is required or initiated by Atlanta Housing Authority, Owner Entity, or Management Agent, or for such other valid reason, such as a reasonable accommodation as outlined in Section 6, as determined by the Management Agent.
6. The following policies apply to reasonable accommodation transfers.



*Excerpts from the Statement of Corporate Policies  
Governing the Leasing and Residency of Assisted Apartments*

- A. All reasonable accommodation transfers have priority over all other transfers, except natural disaster transfers, emergency transfers and relocations;
- B. Residents with disabilities who require a transfer to another Affordable Community as a reasonable accommodation will not be required to make a separate application at the desired Atlanta Housing Authority Affordable Community;
- C. A Resident's initial security deposit will be transferred to the new unit and no additional security deposit charges will be incurred when the Resident with disabilities transfers to another Affordable Community as a reasonable accommodation; and
- D. Residents with disabilities who require a transfer as a reasonable accommodation will not incur any termination penalties for early lease termination.
- E. Management Agents of Affordable Communities and Signature Communities will maintain a Transfer List that prioritizes the transfer of Residents who require a transfer due to a disability over new admissions of Applicants. The Transfer List will document the following:
  - i. Date and time of each reasonable accommodation transfer request;
  - ii. Name and address of Resident(s) to be transferred;
  - iii. Reason(s) for transfer, including information regarding the Resident's reasonable accommodation request(s) and/or request for a UFAS-Accessible Unit or an Assisted Apartment with accessible features;
  - iv. Current disposition of reasonable accommodation transfer request;
  - v. Date of transfer; and
  - vi. Name of Resident transferred out of an Assisted Apartment to accommodate a Resident's disability per the Management Agent's execution of a lease addendum that requires a



*Excerpts from the Statement of Corporate Policies  
Governing the Leasing and Residency of Assisted Apartments*

Resident without a disability to relocate to a vacant, non-accessible unit, at no expense to that Resident.

7. Atlanta Housing Authority may initiate “Relocation Transfers” outside of a community from time to time to facilitate Atlanta Housing Authority’s property repositioning strategy, which includes, but is not limited to, the sale of property, revitalization activities, and/or development opportunities related to Atlanta Housing Authority-owned property, or for other valid reasons as determined by Atlanta Housing Authority.
8. Relocation Transfers are transfers from one Atlanta Housing Authority-owned community to another Atlanta Housing Authority-owned community (“Destination Community”). Relocation Transfers are not considered Community Transfers, as described above in this Article Four, and Residents are not subject to the same requirements as set forth above for Community Transfers. Residents who are subject to Relocation Transfers bypass the waiting list at the Destination Community and receive priority consideration for the first available Assisted Apartment at the Destination Community. Such Residents must meet the eligibility and suitability requirements outlined in Part II of the Statement of Corporate Policies in order to be transferred to the Destination Community.
9. In order to accommodate a Resident household and to avoid overcrowding when a suitably sized apartment is not available, the Resident may request and the Management Agent may approve a Community Transfer from one apartment to two apartments (“Split-Family Transfer”). The Resident’s request must be in writing stating the reason for the Split-Family Transfer, unless initiated by the Management Agent. Whether requested by the Resident or initiated by the Management Agent, the Resident must agree in writing to a Split-Family Transfer.
10. To qualify for a Split-Family Transfer, the Resident household must meet the requirements of this Article Four, as applicable, and the proposed Head-of-Households of the apartments to be assigned under the Split-Family Transfer must:
  - A. be listed on the existing Lease as a member of the household as of the most recent recertification; and
  - B. be legally capable of executing a lease.



*Excerpts from the Statement of Corporate Policies  
Governing the Leasing and Residency of Assisted Apartments*

11. Split-Family Transfers may be used by Resident households subject to Relocation Transfers when a suitably sized apartment is not available in a Destination Community. Such Resident households must qualify for the Split-Family Transfer pursuant to this Article Four, as applicable.



*Excerpts from the Statement of Corporate Policies  
Governing the Leasing and Residency of Assisted Apartments*

PART III  
ARTICLE SIX  
PET POLICY

1. Atlanta Housing Authority will permit Residents of communities with Assisted Apartments to keep common household pets or other animals that are widely acknowledged and accepted as household pets, provided the Resident's keeping of a pet is not a threat to the health and safety of other residents and otherwise meets the requirements established by the Management Agent for the community.
2. Residents of communities with Assisted Apartments are not allowed to keep animals that are not widely acknowledged and accepted as household pets; to keep unregistered household pets; to keep household pets temporarily; or train or engage in any business activity related to household pets in the Resident's apartment, or anywhere else within the community.
3. Residents in a Signature Community, who desire to keep a common household pet, may only do so if household pets are generally allowed at the community except as provided for in Section 5 below, and then only in strict accordance with the household pet procedures prescribed at the Resident's Signature Community.
4. Certain Signature Communities may exclude common household pets altogether if it is in the best interest of the community to do so, except as provided for in Section 5 below.
5. Management Agents will make reasonable accommodations for an "assistance animals" or a pet that Atlanta Housing Authority reasonably considers as a common household pet required as part of treatment for a demonstrated and verified medical condition tantamount to a disability or handicap. Pet policies for Affordable Communities and Signature Communities shall:



*Excerpts from the Statement of Corporate Policies  
Governing the Leasing and Residency of Assisted Apartments*

- A. Expressly exclude Assistance Animals;
- B. Clarify that an “Assistance Animal” is an animal that is needed as a reasonable accommodation for persons with disabilities and is not subject to the general pet policy;
- C. Define an “Assistance Animal” as an animal that is needed as a reasonable accommodation for persons with disabilities (Assistance Animals are animals that work, provide assistance, or perform tasks for the benefit of a person with a disability; or animals that provide emotional support that alleviate one or more identified symptoms or effects of a person’s disability);
- D. Remove height and weight restrictions for Assistance Animals;
- E. Remove breed restrictions for Assistance Animals, except in accordance with local laws or ordinances;
- F. Remove pet deposits for Assistance Animals; and
- G. Clarify that any household pet exclusions in any community’s policies do not apply to Assistance Animals required by Residents of Assisted Apartments.



*Excerpts from the Statement of Corporate Policies  
Governing the Leasing and Residency of Assisted Apartments*

PART III  
ARTICLE SEVEN  
DISPUTING DECISIONS OF MANAGER

The purpose of Article Seven is to provide Applicants and Residents with a dispute process to address eligibility, general admissions, occupancy and leasing issues, and requests for reasonable accommodations in a manner that seeks equitable resolutions to such issues in an expedient and responsive manner. Applicants and Residents with disabilities may request reasonable accommodations in order to participate in the dispute process.

The dispute process outlined in this Article Seven shall not govern the process related to the denial of admission based on the findings of a criminal history report as outlined in Part II, Article Seven, Paragraph 4 (Adverse Criminal History Decision) of the Statement of Corporate Policies.

DISPUTE PROCESS FOR APPLICANTS

1. Applicants for Assisted Apartments who are denied admission based on eligibility and general admissions criteria and desire to dispute this action must request a meeting with the Management Agent or the Management Agent's designee within ten (10) calendar days of the disputed action.
2. An Applicant's request for a meeting must be in writing.
3. The Management Agent will schedule the meeting within a reasonable period of time, provided the Applicant's written request for the meeting was received in a timely manner.
4. An Applicant may bring a representative to this meeting to assist the Applicant.
5. The Management Agent is under no obligation to meet with the Applicant after the conclusion of the requested meeting.
6. A written decision should be provided to the Applicant within a reasonable time following the conclusion of the meeting. If the Management Agent's decision is to deny the application, the decision shall set forth the reasons for the denial.

DISPUTE PROCESS FOR RESIDENTS

1. The Management Agent is authorized under the terms of the Lease, Lease Addenda, and Apartment Rules to initiate an adverse action against a Resident with respect to leasing and occupancy violations that may result in a denial, significant reduction or termination of benefits otherwise due a Resident.



*Excerpts from the Statement of Corporate Policies  
Governing the Leasing and Residency of Assisted Apartments*

2. Residents may dispute such adverse actions.
3. Residents must request a meeting with the Management Agent or the Management Agent's designee within ten (10) calendar days of notice of the adverse action or in accordance with the dispute handling procedures in effect at the Resident's community with Assisted Apartments.
4. The period of time within which the Resident must request a meeting may be shorter if the Resident's Lease is being terminated for criminal activity and the Management Agent has reasonably determined that the Resident poses a threat to the health and safety of the Community.
5. A Resident's request for a meeting must be in writing.
6. The dispute process at each community with Assisted Apartments must allow the Resident to meet with an impartial designee of the Management Agent who did not participate in the initial decision affecting the Resident. The impartial designee may not be a subordinate of the person who made the initial decision. Any Resident meetings with the person who made the initial decision and the impartial designee may be combined, at the discretion of the Management Agent. A Resident may bring a representative to this meeting or meetings to assist the Resident.
7. The impartial designee of the Management Agent is under no obligation to meet with the Resident about the dispute after the conclusion of the final meeting.
8. A written decision should be provided to the Resident within a reasonable time following the conclusion of the meeting. If the impartial designee's decision is to rule against the Resident, the decision shall set forth the reasons for the denial, significant reduction or termination of benefits.



## **Violence Against Women Act NOTIFICATION OF RIGHTS**

Have you been a victim of domestic violence, dating violence, or stalking?

*If so, you should know your rights as a public housing applicant or resident:*

- The Atlanta Housing Authority or its Management Agent (“Property Manager”) may not deny you admission solely because you are or have been a victim of domestic violence, dating violence, or stalking.
- Your abuser’s acts or threats of domestic violence, dating violence, or stalking are not good cause for evicting you. You do not violate your lease by being the victim of acts of domestic violence, dating violence, or stalking.
- The Property Manager cannot evict you on the basis of criminal activity directly relating to domestic violence, dating violence, or stalking, *unless* the Property Manager can show there is an *actual* and *imminent* threat to the safety of other residents or staff if you are not evicted.
- If you and your abuser live together, the Property Manager can evict your abuser for his or her acts of domestic violence, but (assuming you continue to qualify for assistance) it may not evict or otherwise penalize you, *unless* it can show there is an *actual* and *imminent* threat to the safety of other residents or staff if you are not evicted.
- The Property Manager may evict you for serious or repeated lease violations that are unrelated to the domestic violence, dating violence, or stalking, as long as it does not hold you to a more demanding set of rules than it applies to residents who are not victims of domestic violence, dating violence, or stalking.
- The Property Manager can ask you to certify that you are a victim of domestic violence, dating violence, or stalking and thus, entitled to the above rights. When certifying an incident of domestic violence, dating violence, or stalking, the abuser’s name must be provided.
- If the Property Manager asks you to certify that you are a victim of domestic violence, dating violence, or stalking, it must give you at least 14 business days to do so. The Property Manager is also free to grant additional time.

- There are certain documents that the Property Manager *must* accept to certify that you are a victim of domestic violence, dating violence, or stalking, including police or court records and certain statements from attorneys, medical professionals, and domestic violence advocates. The Property Manager also has discretion to accept any other kind of evidence that shows you are a victim of domestic violence, dating violence, or stalking.
- Specifically, any one of the following is a sufficient way to certify that you are a victim of domestic violence, dating violence, or stalking entitled to the above rights:
  - A written, signed statement from a victim services provider that states under penalty of perjury that the provider believes the incidents in question were acts of domestic violence, dating violence, or stalking against you and that names your abuser. You must also sign the document.
  - A written, signed statement from a medical professional that states under penalty of perjury that the medical professional believes the incidents in question were acts of domestic violence, dating violence, or stalking against you and that names your abuser. You must also sign the document.
  - A written, signed statement from an attorney that states under penalty of perjury that the attorney believes that the incidents in question were acts of domestic violence, dating violence, or stalking against you and that names your abuser. You must also sign the document.
  - A police record that indicates you were a victim of domestic violence, dating violence, or stalking and that names your abuser.
  - A court record (for example, a protective order) that indicates you were a victim of domestic violence, dating violence, or stalking and that names your abuser.
- In general, the Property Manager must keep confidential any information you provide about the violence against you unless you give permission for it to share the information with someone else. The Property Manager may use this information, however, if it needs the information in an eviction proceeding (for example, in order to evict an abuser). The Property Manager can also disclose this information if required to do so by law.