



HOUSING AUTHORITY OF THE CITY OF ASHEVILLE
REQUEST FOR REMOVAL FROM TRESPASS LIST

Date: _____

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ SSN: _____

Current Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Cell: _____ Alternate: _____

Reason for Removal: _____

Current Status of Probation/Parole/Community Service: _____

Date of Last Criminal Charge: _____ Last Date on Housing Authority Property: _____

Criminal Record Fee Paid? _____

Authorization

I hereby state under penalty of perjury that all of the information above is true and correct, and I authorize the Housing Authority of the City of Asheville to check my criminal record.

Signature: _____ Date: _____

HACA Resident

I support this request and agree to take responsibility for the conduct of the person listed above whenever he/she is on any Housing Authority property.

Resident Signature: _____ Date: _____

Print Name: _____ Development/Unit: _____

Housing Authority Use Only: Request Approved: _____ or Denied: _____ Initials: _____ Date: _____