



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

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS: \_\_\_\_\_

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: \_\_\_\_\_

### 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: \_\_\_\_\_ Denied: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_