



Atlanta Housing Authority

Application for Housing

Return the completed application to one or more of the following communities:

<i>Community Name</i>	Address	City	State	Zip	Phone
<i>Barge Road Highrise</i>	2440 Barge Rd. SW	Atlanta	GA	30331-5251	404-346-5100
<i>Cheshire Bridge Road Highrise</i>	2170 Cheshire Bridge Rd. NE	Atlanta	GA	30324-5705	404-679-5500
<i>Cosby Spear Highrise</i>	355 North Ave. NE	Atlanta	GA	30308-2521	404-249-1305
<i>East Lake Highrise</i>	380 East Lake Blvd. SE	Atlanta	GA	30317-3154	404-370-8107
<i>Georgia Avenue Highrise</i>	174 Georgia Ave. SE	Atlanta	GA	30312-3030	404-332-1500
<i>Hightower Manor Highrise</i>	2610 ML King Dr. SW	Atlanta	GA	30311-1642	404-699-4112
<i>Juniper & Tenth Highrise</i>	150 Tenth St NE	Atlanta	GA	30309-4021	404-249-1322
<i>Marian Road Highrise</i>	760 Sidney Marcus Blvd. NE	Atlanta	GA	30324-3156	404-814-2100
<i>Marietta Road Highrise</i>	2295 Marietta Rd. NW	Atlanta	GA	30318-1900	404-609-7803
<i>Martin Street Plaza</i>	600 Martin St. SE	Atlanta	GA	30312-2921	404-332-1500
<i>Peachtree Road Highrise</i>	2240 Peachtree Rd. NW	Atlanta	GA	30309-1124	404-609-7800
<i>Piedmont Road Highrise</i>	3601 Piedmont Road NE	Atlanta	GA	30305-1415	404-814-2108
<i>Westminster</i>	1422 Piedmont Ave. NE	Atlanta	GA	30309-2776	404-541-5887

	Community Name Address Phone For TTY/Relay Service Dial 711
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Application Information Sheet

Welcome to our community. We are glad you inquired about our application process. The admissions process is comprised of three components: application, screening, and leasing. In order for us to begin reviewing your application, you must complete the application and accompanying forms.

Upon request, you must also provide the following documents and information:

- Birth Certificate for each family member
- Proof of Social Security Numbers for each family member
- Proof of Citizenship or Eligible Immigration Status
- Income Records

The process used in screening to determine eligibility and suitability includes a review of the following:

- Compliance with the Work/Program Participation Requirement
- Criminal history review
- Credit check to determine your ability to pay rent
- Rental history, including contact of previous and current landlords to verify lease compliance

If eligible, the community will offer you an available apartment and invite you to lease the apartment. You will only be given two unit offers. If you refuse both offers, your name will be deleted from our Community's Waiting List.

The Atlanta Housing Authority provides low rent housing to eligible families including families with children, elderly families, disabled families and single people. We do not discriminate against applicants on the basis of their race, religion, sex, color, national origin, age, disability or familial status. In addition, we provide "reasonable accommodations" to applicants any household members have a disability. A reasonable accommodation is 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 resident with a disability to make effective use of our programs.

We hope that this information will help you better understand the application process. For more information, or visit us on the web at www.atlantahousing.org. You may also pick up a brochure at our offices at 230 John Wesley Dobbs Avenue in Atlanta.

If you require special assistance to complete this form due to a disability, please contact the Property Manager.

THIS SECTION FOR MANAGEMENT/LEASING OFFICE USE ONLY

Name:	
Bedroom Size:	

Date and time of receipt of the application:	

APPLICATION FOR HOUSING

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 any time. 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. 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);
2. All members of Applicant's household must satisfy HUD's statutory and regulatory requirements for citizenship / eligible immigrant status;
3. 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;
4. Each household member, 18 years of age and older, must be either:
 - a. legally employed for at least 15 hours per week;
 - b. a student at an AHA recognized school or institution;
 - c. participating in an AHA-approved training program for at least 15 hours per week;
 - d. elderly; disabled; or a full time caretaker for an elderly or disabled household member; and
5. 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.
6. **High Rise Community Only** - The head of household, co-head or spouse must be elderly (age 62 or older), almost elderly (age 55 to 61), or disabled.

Please provide the following information:

Applicant's Name (Head of Household): _____ **Soc. Sec. Number:** _____ **Birth Date:** _____

Mailing Address: _____ **Apt.** _____

City: _____ **State:** _____ **Zip:** _____

Previous Mailing Address: _____ **Apt.** _____

City: _____ **State:** _____ **Zip:** _____

Please list all other states you have lived in: _____

Home Phone Number: () _____ **Cell Number:** () _____

Have you ever lived in a HUD subsidized unit? Yes No **If yes, where?** _____

Dates: **From:** _____ **To:** _____ **Name of Lessee:** _____

Have you ever been evicted? Yes No **If yes, reason:** _____

Please provide all of the information requested below about each household member, including any live-in aide required for the care of an elderly or a disabled person.

Family Member's Name	Relationship to Applicant	Birth Date	Age	Sex	Social Security Number	Disabled? (Y/N) <i>See definition below</i>

Definition of a Disabled Person as defined by HUD for program eligibility purposes:

1. A disabled person is one with an inability to engage in any substantial gainful activity because of any physical or mental impairment that is expected to result in death or has lasted or can be expected to last continuously for at least 12 months; or for a blind person at least 55 years old, inability because of blindness to engage in any substantial gainful activities comparable to those in which the person was previously engaged with some regularity and over a substantial period.
2. A developmentally disabled person is one with a severe chronic disability that:
 - a. is attributed to a mental and/or physical impairment;
 - b. has manifested before age 22;
 - c. is likely to continue indefinitely;
 - d. results in substantial functional limitations in three or more of the following areas: capacity for independent living, self-care, receptive and expressive language; learning, mobility, self-direction, and economic self-sufficiency AND
 - e. requires special interdisciplinary or generic care treatment, or other services which are of extended or lifelong duration and are individually planned or coordinated.
 (All of the subparts must be satisfied to qualify under this definition.)
3. A disabled person is also one who has a physical, emotional or mental impairment that:
 - a. is expected to be of long-continued or indefinite duration;
 - b. substantially impedes the person's ability to live independently; AND
 - c. is such that the person's ability to live independently could be improved by more suitable housing conditions.
 (All of the subparts must be satisfied to qualify under this definition.)

ACCESSIBILITY FEATURES

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:

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, 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
		<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

PENALTIES FOR FAILING TO REPORT OR FALSELY REPORTING INFORMATION

It is against the law to make a false statement or withhold information about your income, the number of people in your household, or money you receive from other sources or people.

It is against the law to attempt to obtain or actually obtain benefits that don't belong to you based on false claims for allowances and deductions related to a disability or dependents, and other factors in order to reduce your rent.

It is against the law to turn in false documentation, to have someone help you by turning in false documentation, or to help someone else turn in false documentation.

It is against the law to fail to report an increase in your income, a change in your family size, or any factor that would change an allowance or deduction in order to keep your rent from going up.

It is against the law to perjure yourself (to tell a lie) on your application or at the time of your recertification.

The **Federal Law** for the prosecution of fraud can be found in 18 United States Code Section 1001. The **State Law** can be found in Official Code of Georgia Annotated Section 16-9-55. **Both laws carry serious penalties in fines and jail time.**

If you failed to report or falsely reported information, Atlanta Housing Authority has the legal right to terminate your lease or assistance, or deny your application. If you falsely received a monetary benefit, Atlanta Housing Authority also has the right to collect any money you owe for overpaid assistance or for the rent you didn't pay by any means available to it under law.

I read and understand the information provided above and I hereby certify under penalty of law that the information I gave on income, family composition, and other requested documentation is accurate, complete, and true.

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.

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.

Applicant's Signature: _____ **Date:** _____

Other Adult Household Members (if applicable):

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Attachments:

- | | |
|---|---|
| 1. <input checked="" type="checkbox"/> Authorization for Release of Criminal Activity Information | 6. <input checked="" type="checkbox"/> Request for Reasonable Accommodation Form |
| 2. <input checked="" type="checkbox"/> Race and Ethnic Data Reporting Form | 7. <input checked="" type="checkbox"/> Statement of Corporate Policy Excerpts |
| 3. <input checked="" type="checkbox"/> Authorization for the Release of Information | 8. <input checked="" type="checkbox"/> Notice of Rights to a Reasonable Accommodation |
| 4. <input checked="" type="checkbox"/> Debt Owed to Public Housing Agencies and Terminations | 9. <input checked="" type="checkbox"/> Violence Against Women Act (VAWA) Notification |
| 5. <input checked="" type="checkbox"/> Declaration of Section 214 Status | 10. <input checked="" type="checkbox"/> Optional Contact Form |



Violence Against Women Act NOTIFICATION OF RIGHTS

Have you been a victim of domestic violence, dating violence, sexual assault 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, sexual assault or stalking.
- Your abuser’s acts or threats of domestic violence, dating violence, sexual assault 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, sexual assault or stalking.
- The Property Manager cannot evict you on the basis of criminal activity directly relating to domestic violence, dating violence, sexual assault 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, dating violence, sexual assault or stalking, 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. If you do not qualify for assistance after your abuser is evicted, you may be given time to establish eligibility or find new housing.
- The Property Manager may evict you for serious or repeated lease violations that are unrelated to the domestic violence, dating violence, sexual assault 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, sexual assault or stalking.
- The Property Manager can ask you to certify that you are a victim of domestic violence, dating violence, sexual assault or stalking and thus, entitled to the above rights. When certifying an incident of domestic violence, dating violence, sexual assault or stalking, the abuser’s name must be provided if it is known and safe to provide.

- If the Property Manager asks you to certify that you are a victim of domestic violence, dating violence, sexual assault 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, sexual assault 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, sexual assault or stalking. Additional documentation may be required if conflicting information is received regarding being a victim of domestic violence, dating violence, sexual assault or stalking.
- Specifically, any one of the following is a sufficient way to certify that you are a victim of domestic violence, dating violence, sexual assault 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, sexual assault 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, sexual assault 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, sexual assault 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, sexual assault 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, sexual assault 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.

Request for a Reasonable Accommodation

Head of Household: _____

Household Member requesting Reasonable Accommodation: _____

Address/Unit Number: _____

1. Do you have a physical or mental impairment that substantially limits a major life activity?

Yes

No

Do not know

2. Please describe the Reasonable Accommodation that you are requesting.

3. How does your request for a Reasonable Accommodation relate to your disability?

4. Describe how this Reasonable Accommodation would assist you in participating in an AHA affordable housing program.

5. You may be required to provide verification from a qualified third-party that:

(a) you are a person with a disability,

(b) the Reasonable Accommodation you are requesting is related to your disability and

(c) the Reasonable Accommodation you are requesting is necessary to afford you an opportunity to participate equally in an AHA affordable housing program.

Please identify the name and contact information for a qualified third-party health care professional with specific knowledge of your disability who can provide this verification, if needed.

Name of qualified health care professional (the "Verifier"): _____

Mailing address: _____

Email address: _____

Telephone number: _____ Fax number: _____

ACKNOWLEDGEMENT

I give AHA and its agents and representatives permission to contact the Verifier I have identified above for the purpose of verifying that I or a household member has a disability and require the requested accommodation. I will authorize the Verifier to release information to AHA for that purpose. I certify that the information above is true and accurate. I acknowledge that making false statements to AHA may result in criminal and civil penalties including but not limited to fines and/or imprisonment.

Signature: _____

Date: _____



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

CHAPTER I, ARTICLE SIX
REASONABLE ACCOMMODATIONS

Atlanta Housing Authority is committed to assisting persons with disabilities and will make reasonable accommodations in policies, procedures, rules and services when such accommodations are necessary to afford persons with disabilities an equal opportunity to participate in or benefit from its programs. Requests for accommodations must be reasonable, meaning Atlanta Housing Authority, Owner Entities and Management Agents are not required to provide accommodations which would cause either undue financial and administrative burden or a fundamental alteration in the nature of AHA's Rental Assistance Programs. Requests for Reasonable Accommodations will be considered on a case-by-case basis so that consideration can be given to, among other factors, the cost of the requested accommodation, the benefits that the accommodation would provide to the requester and the availability of alternative accommodations that would effectively meet the requester's disability-related needs. These reasonable accommodations shall extend to the administration of AHA's Rental Assistance Programs, as applicable, by Atlanta Housing Authority, Owner Entities and Management Agents with respect to application procedures and program participation.



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CHAPTER I, ARTICLE NINE
LIVE-IN AIDE POLICY

1. A Live-in Aide that is essential for the care and support of an Elderly Person or Disabled Person who is a member of an AHA-Assisted Household, the need for which having been certified by a medical or other qualified professional having knowledge of the need, may reside in the Covered Unit with the Elderly Person or Disabled Person.
2. As a reasonable accommodation and as approved by AHA, a member of an AHA-Assisted Household who provides the same care and meets the same qualifications as a Live-in Aide would be deemed a "Caretaker." A Caretaker may be granted an exemption from the Work Requirement pursuant to Article Ten, Section 3 of this Chapter 1.
3. The AHA-Assisted Household may request a Covered Unit with no more than one additional bedroom under the applicable Rental Assistance Program, in order to provide space in the Covered Unit for a Live-in Aide. The Live-in Aide selected by the AHA-Assisted Household may not be qualified to serve in this capacity if the Live-in Aide requires more than one additional bedroom due to a reason not essential for the care and support of the member of the household who is an Elderly Person or Disabled Person.
4. In that Atlanta Housing Authority, the Owner Entities and their respective Management Agents, as applicable, have the sole authority to approve a Live-in Aide, a Live-in Aide must demonstrate her/his suitability to reside in the Covered Unit prior to occupancy, and continue to demonstrate her/his suitability and status as a Live-in Aide for as long as the Live-in Aide resides in the Covered Unit.
5. Live-in Aides must consent to screening requirements of Atlanta Housing Authority, the Owner Entities and their respective Management Agents, as applicable, including, without limitation, criminal background screening and a review of past participation in an Atlanta Housing Authority program or residence in the Covered Unit's community or another community owned by



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Atlanta Housing Authority or an Owner Entity, or a community managed by the Management Agent.

6. Live-in Aides, having no tenancy rights under state law or other rights to the Covered Unit under any Rental Assistance Program, as applicable, must vacate the Covered Unit if the Elderly or Disabled person they are assisting ceases to qualify for a Live-in Aide, ceases to qualify for the Covered Unit, or vacates the premises, which in any case shall result in the Live-in Aide having absolutely no right to continue to reside in the Covered Unit or to receive rental assistance or to remain on the premises.
7. Further, Atlanta Housing Authority, the Owner Entity or Management Agent reserve the right, in each's respective sole discretion, to require a Live-in Aide, who is not a member of the AHA-Assisted Household and therefore not afforded the protections of the Lease or any agreement between AHA and the Owner Entity pursuant to any Rental Assistance Program, as applicable, to vacate the Covered Unit if he or she is no longer performing as a Live-in Aide in the Covered Unit or exhibits such other behavior that is deemed disruptive to the community and/or its residents.



*Excerpts from the Statement of Corporate Policies
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CHAPTER ONE, ARTICLE TEN.
WORK REQUIREMENT

Applicants to AHA's Rental Assistance Programs and AHA-Assisted Households under one of AHA's Rental Assistance Programs are required to comply with Atlanta Housing Authority's Work Requirement.

1. The Work Requirement establishes that:

- a. At least one adult member of the household, age 18 - 61 must be legally employed or self-employed in a legitimate business enterprise, appropriately documented, either on a full-time equivalent basis or for at least 30 hours per week;

AND

- b. All other household members, ages 18 - 61, must be actively engaged in one of the following:

- i. Full-Time Work: Legally employed or self-employed either on a full-time equivalent basis or for at least 30 hours per week;
- ii. Full-Time School/Training: Enrolled in and attending an AHA-recognized school or institution as a full-time student; or
- iii. Part-Time Work and Part-Time School/Training: Combined minimum of 30 hours per week of employment and education/training with the following conditions:

1. Legally employed (but not self-employed) on a part-time basis;

AND

2. Enrolled in and attending an AHA-recognized school or institution on a part-time basis;

OR

3. Participating in an AHA-recognized training program.

2. Applicants to AHA's Rental Assistance Programs and AHA-Assisted Households assisted under one of AHA's Rental Assistance Programs may either



*Excerpts from the Statement of Corporate Policies
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be denied admission to or terminated from the Rental Assistance Program, as applicable, for failure to comply with the Work Requirement.

3. As a reasonable accommodation, either the head-of-household of the AHA-Assisted Household or another adult member of the household who would otherwise be required to meet the Work Requirement but who is needed for the essential care and support of a member of the household who is an Elderly Person or Disabled Person, or other member who requires essential care and support for an indefinite period of time, the need for which having been certified by a medical or other qualified professional having knowledge of the need, may qualify for a “Caretaker Exemption” from the Work Requirement for as long as the Elderly Person, Disabled Person or other member requires such essential care and support. The procedures for granting Caretaker Exemptions are set forth in the operating procedures of the applicable Rental Assistance Program.



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

CHAPTER 2 PART III, ARTICLE FOUR
TRANSFERS

1. Residents may request a transfer to another AHA-Assisted Unit within the same community with AHA-Assisted Units subject to approval by the Management Agent (“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.
3. A Resident’s request for a Community Transfer may 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 may be required to pay a “Transfer Fee” based on the schedule of fees published for the particular community with AHA-Assisted Units.
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:
 - A. All reasonable accommodation transfers have priority over all other transfers, except natural disaster transfers, emergency transfers and relocations;



*Excerpts from the Statement of Corporate Policies
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- B. Residents of AHA-Owned Communities with disabilities who require a transfer to another AHA-Owned Community as a reasonable accommodation will not be required to make a separate application at the desired Atlanta Housing Authority AHA-Owned 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 AHA-Owned 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 AHA-Owned Communities and MIMF or PBRA Communities will maintain a Transfer List that prioritizes the transfer of Residents who require a transfer due to an obvious or verified qualifying 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 AHA-Assisted Unit with accessible features;
 - iv. Current disposition of reasonable accommodation transfer request;
 - v. Date of transfer; and
 - vi. Name of Resident transferred out of an AHA-Assisted Unit to accommodate a Resident's disability per the Management Agent's execution of a lease addendum that requires a 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,



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revitalization activities, and/or development opportunities related to an AHA-Owned Community, or for other valid reasons as determined by Atlanta Housing Authority.

8. 8. Relocation Transfers are transfers from one AHA-Owned Community to another AHA-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 AHA-Assisted Unit at the Destination Community. Such Residents must meet the eligibility and suitability requirements outlined in Part II of the Statement of Policies in order to be transferred to the Destination Community.
9. 9. In order to accommodate a Resident household and to avoid overcrowding when a suitably sized AHA-Assisted Unit is not available, the Resident may request and the Management Agent may approve a Community Transfer from one AHA-Assisted Unit to two AHA-Assisted Units (“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. 10. To qualify for a Split-Family Transfer, the Resident household must meet the requirements of this Article Four and the proposed Heads-of-Household of the units to be assigned under the Split-Family Transfer must be: (a) listed on the existing Lease as a member of the household as of the most recent recertification; and (b) legally capable of executing a lease.
11. 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
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PART III, ARTICLE FIVE
PET POLICY

1. Atlanta Housing Authority will permit Residents of AHA-Owned Communities 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 AHA-Assisted Units are not allowed to keep: animals that are not widely acknowledged and accepted as household pets; household pets that are unlicensed as required by Fulton County; household pets temporarily (e.g. pet-sitting); and/or household pets for the purpose of training or engaging in any business activity related to household pets in the Resident's apartment, or anywhere else within the community.
3. Residents in a MIMF or PBRA Community, who desire to keep a common household pet, may only do so if household pets are generally allowed at the community and then only in strict accordance with the household pet procedures prescribed at the Resident's MIMF or PBRA Community, except as provided for in Section 5 below with respect to Assistance Animals.
4. Certain MIMF or PBRA 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. Owner Entities and Management Agents will make reasonable accommodations for an "assistance animal". Pet policies for AHA-Owned Communities and MIMF or PBRA Communities shall:
 - A. Expressly exclude Assistance Animals clarifying that an "Assistance Animal" is an animal that is needed as a reasonable accommodation for persons with disabilities and is not generally subject to the standard pet policy;
 - B. Define an "Assistance Animal" as an animal that is needed as a reasonable accommodation for persons with disabilities (Assistance Animals are animals



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- 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);
- C. Remove unreasonable height and weight restrictions for Assistance Animals;
 - D. Remove unreasonable breed restrictions for Assistance Animals, except in accordance with local laws or ordinances;
 - E. Remove pet deposits for Assistance Animals; and
 - F. Clarify that any household pet exclusions in any community's policies do not apply to Assistance Animals required by Residents of AHA-Assisted Units.



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PART III, ARTICLE SIX
DISPUTING DECISIONS OF MANAGER

The purpose of Article Six 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 Six 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 2 (Adverse Criminal History Decision) of the Statement of Policies.

1. DISPUTE PROCESS FOR APPLICANTS

- A. Applicants for AHA-Assisted Units 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.
- B. An Applicant's request for a meeting, including the need for a reasonable accommodation, must be in writing.
- C. 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.
- D. An Applicant may bring a representative to this meeting to assist the Applicant.
- E. The Management Agent is under no obligation to meet with the Applicant after the conclusion of the requested meeting.
- F. A written decision should be provided to the Applicant within a reasonable time following the conclusion of the meeting. If the Management Agent's



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decision is to deny the application, the decision shall set forth the reasons for the denial.

2. DISPUTE PROCESS FOR RESIDENTS

- A. Atlanta Housing Authority, Owner Entity and/or Management Agent, as applicable, 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.
- B. Residents may dispute such adverse actions.
- C. 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 AHA-Assisted Units.
- D. 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.
- E. A Resident's request for a meeting, including the need for a reasonable accommodation, must be in writing.
- F. The dispute process at each community with AHA-Assisted Units 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. A Resident may bring a representative to this meeting(s) to assist the Resident.
- G. 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.



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- H. 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.