

EXCLUDED PERSON

NAME _____ DATE OF BIRTH _____

ADDRESS _____ APT# _____ DATE OF ARREST _____

BOROUGH _____ STATE _____ ZIP _____

PLACE OF ARREST _____ ARREST NUMBER(S) _____

LEGAL REPRESENTATIVE (IF ANY) _____

ADDRESS _____ APT#/SUITE _____

BOROUGH _____ STATE _____ ZIP _____

INTERESTED TENANT (IF ANY)

NAME _____ ACCOUNT NUMBER _____

ADDRESS _____ APT# _____

BOROUGH _____ STATE _____ ZIP _____

LEGAL REPRESENTATIVE (IF ANY) _____

ADDRESS _____

I/WE BELIEVE THAT THE ABOVE NAMED EXCLUDED PERSON SHOULD NO LONGER BE EXCLUDED FROM NYCHA PROPERTY BECAUSE: (If the felony drug charge(s) for which the excluded person received the ban notice and all related crimes have been dismissed, you must provide proof of that dismissal. Otherwise, you must provide proof of the date of conviction and the date that the excluded person completed serving the sentence for the felony drug charge(s) for which the ban notice was issued and all related crimes, including the completion of probation and/or parole and the satisfaction of any other conditions imposed by the sentence. You should also include any proof that the excluded person's future conduct will likely not adversely affect the health, safety or welfare of other tenants or the physical environment or the financial stability of any NYCHA property, including proof of rehabilitation or of participation in appropriate social services or counseling programs. Include additional sheets if necessary.)



