

**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 \_\_\_\_\_  
\_\_\_\_\_

LEGAL REPRESENTATIVE (IF ANY) \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

WE REQUEST THAT THE EXCLUDED PERSON NAMED ABOVE BE ALLOWED TO ENTER ONTO NYCHA PROPERTY ONLY TO VISIT THE APARTMENT OF THE INTERESTED TENANT NAMED ABOVE. WE BELIEVE OUR REQUEST SHOULD BE GRANTED BECAUSE: (State why it is necessary for the excluded person to visit the tenant's apartment and why there is no reasonable alternative. Include additional sheets if necessary.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER EXCLUDED PEOPLE WHO ARE ALLOWED TO VISIT THIS APARTMENT ARE: (Name all other people who are excluded from NYCHA property who are allowed to visit the tenant's apartment.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER EXCLUDED PEOPLE FOR WHOM THE INTERESTED TENANT REQUESTED AN EXEMPTION: (Name any excluded people other than those named in response to the previous question for whom the Interested Tenant requested an exemption.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WE UNDERSTAND THAT, IF OUR REQUEST IS GRANTED, THE EXCLUDED PERSON WILL ONLY BE ALLOWED TO VISIT UNDER THE TERMS STATED BY THE TRESPASS COORDINATOR. IF THE EXCLUDED PERSON IS FOUND ON NYCHA PROPERTY IN VIOLATION OF THE TERMS OF THE TRESPASS COORDINATOR'S DECISION, THE EXCLUDED PERSON MAY BE ARRESTED FOR CRIMINAL TRESPASS.



**TRESPASS: EXEMPTION FOR SPECIAL ACCESS APPLICATION**

WE ALSO UNDERSTAND THAT, IF OUR REQUEST IS GRANTED, ANY NONDESIRABLE BEHAVIOR BY THE EXCLUDED PERSON (**WHETHER IN THE TENANT'S APARTMENT OR ELSEWHERE ON NYCHA PROPERTY**) COULD RESULT IN TERMINATION OF TENANCY CHARGES AGAINST THE TENANT.

WE HAVE ATTACHED THE FOLLOWING DOCUMENTS IN SUPPORT OF THIS EXEMPTION REQUEST: (List any documents that you are attaching to this form. Use additional sheets if necessary.)

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<p>_____ SIGNATURE OF EXCLUDED PERSON</p> <p>_____ DATE</p>	<p>SWORN TO BEFORE ME THIS _____ DAY OF _____ 20_____</p> <p>_____ NOTARY SIGNATURE</p>
<p>_____ SIGNATURE OF INTERESTED TENANT (IF ANY)</p> <p>_____ DATE</p>	<p>SWORN TO BEFORE ME THIS _____ DAY OF _____ 20_____</p> <p>_____ NOTARY SIGNATURE</p>

SUBMIT THIS FORM IN PERSON OR BY MAIL TO:

NEW YORK CITY HOUSING AUTHORITY, OFFICE OF THE TRESPASS COORDINATOR  
90 CHURCH STREET, 9th FLOOR, NEW YORK, NY 10007

UNLESS THE EXCLUDED PERSON HAS SPECIAL CIRCUMSTANCES, SUCH AS A COURT ORDER FOR THIS FORM MUST BE SIGNED BY THE INTERESTED TENANT.

NOTE: BOTH THE EXCLUDED PERSON AND THE INTERESTED TENANT WILL RECEIVE A WRITTEN DECISION IN THE MAIL TELLING THEM WHETHER OR NOT THEIR REQUEST HAS BEEN GRANTED. UNTIL A DECISION IS ISSUED, THE EXCLUDED PERSON IS STILL BARRED FROM NYCHA PROPERTY AND MAY BE ARRESTED FOR CRIMINAL TRESPASS IF FOUND ON NYCHA PROPERTY IN VIOLATION OF THE EXCLUSION ORDER. ONLY A WRITTEN DECISION FROM THE TRESPASS COORDINATOR CAN CHANGE THE TERMS OF THE EXCLUSION OR END THE EXCLUSION.

IF THERE IS AN EMERGENCY SITUATION THAT REQUIRES IMMEDIATE ACCESS TO NYCHA PROPERTY, THE EXCLUDED PERSON MAY CALL THE TRESPASS COORDINATOR'S OFFICE AT (212) 306-6914 BETWEEN 8:30 A.M. AND 4:00 P.M. MONDAY THROUGH FRIDAY OR THE NYCHA EMERGENCY SERVICES DIVISION AT (718) 707-7777 AT OTHER TIMES. IF THERE IS A NEED FOR A CONTINUING EXEMPTION, THE EXCLUDED PERSON AND AN INTERESTED TENANT MUST MAKE A WRITTEN APPLICATION AS OUTLINED ABOVE.

