



# Housing Authority of the City of Eastman

824 Griffin Avenue  
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Eastman, Georgia 31023  
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Michelle Butler, Executive Director

## ACKNOWLEDGEMENT AND ACCEPTANCE OF HOUSING IN HANDICAP OR SPECIAL FEATURE UNIT BY A PERSON WITHOUT DISABILITIES

**Date:**

**Tenant:**

**Unit Address:**

**Unit #:**

This form serves as notification that the Eastman Housing Authority (EHA) has granted the rental of a handicap or sight/sound apartment with special features to an applicant not requiring the features of this unit.

This also serves as your acceptance of a handicap or sight/sound apartment with special features and the terms and conditions.

If at any time, a person or family requiring accessible and/or special features of this unit is requested, the EHA would notify you in writing requiring you to relocate to another apartment within the EHA sites to accommodate this applicant or resident. The cost of the transfer will be the responsible of you the resident.

The resident without disabilities that is housed in a unit with special features will be given a thirty (30) day notice and must transfer. (ACOP Section 16.10 Lease Section 13.3)

**I have read and do hereby understand the above statement and acknowledge that I will accept the handicap unit.**

\_\_\_\_\_  
Applicant/Resident Signature

*Susan Best*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness / EHA Staff Signature

\_\_\_\_\_  
Date

C: Applicant/Resident  
Resident File

