



LIMITED ACCESS & BARRING POLICY ACKNOWLEDGEMENT

I, _____, acknowledge receipt of East Georgia Housing Authority Partners (Thomson, Warrenton, Harlem and Crawfordville Housing Authorities) Limited Access & Barring Policy which was adopted and became effective **March 19th, 2019**. I acknowledge that I have read and agree to abide by the Limited Access & Barring Policy and understand that it is included and has become a binding and enforceable part of my lease with East Georgia Housing Authority Partners as well as the ACOP (Admissions and Continued Occupancy Policy).

Tenant Signature: _____

Apartment Address: _____

EGHAP Personnel: _____

Date: _____

Crawfordville Property
301 Thompson Street
Crawfordville, Georgia 30631

Harlem Property
140 E. Milledgeville Road
Harlem, Georgia 30814

Thomson Property
219 Pecan Avenue
Thomson, Georgia 30824

Warrenton Property
PO Box 2
Warrenton, Georgia 30828