



LIMITED ACCESS & BARRING POLICY

IN WITNESS WHEREOF, THE PARTIES HAVE EXECUTED THIS LEASE ADDENDUM THIS _____, I HAVE RECEIVED A COPY OF THIS LIMITED ACCESS & BARRING POLICY LEASE ADDENDUM. I HEREBY DECLARE THAT THE FACTS GIVEN IN MY APPLICATION FOR HOUSING ARE TRUE AND CORRECT. I UNDERSTAND THAT IF THESE FACTS ARE NOT TRUE, THIS LEASE WILL BE TERMINATED AND I WILL BE REQUIRED TO VACATE.

WITHHOLDING OR GIVING FALSE INFORMATION RELATIVE TO THE DETERMINATION OF ELIGIBILITY, AMOUNT OF RENT OR WHO WILL OCCUPY THE PREMISES, OR TO MAKE A FALSE STATEMENT OR REPRESENTATION TO ANY REPRESENTATIVE OF EAST GEORGIA HOUSING AUTHORITY PARTNERS AND ITS MEMBER AGENCIES, THE CITY OF THOMSON HOUSING AUTHORITY, THE CITY OF WARRENTON HOUSING AUTHORITY, THE CITY OF HARLEM HOUSING AUTHORITY AND/OR THE CITY OF CRAWFORDVILLE HOUSING AUTHORITY, WILL BE CONSIDERED AN INTENT TO DEFRAUD UNDER THE GEORGIA LAW AND MAY BE PUNISHABLE WITH FINE UP TO \$1000.00 AND/OR PRISON TERM UP TO ONE (1) YEAR.

ALL HOUSEHOLD MEMBERS 18 YEARS OF AGE AND OLDER SHALL EXECUTE THIS LEASE ADDENDUM:

RESIDENT:

_____(SEAL)
Head of Household

_____(SEAL)
Adult Household Member

_____(SEAL)
Adult Household Member

_____(SEAL)
Adult Household Member

MANAGEMENT

East Georgia Housing Authority Partners

By _____(SEAL)
Authority Representative

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