

**Petition for Removal From Exclusion List**

In accordance with the current HACP Exclusion List Policy, after an excluded individual has been on the Exclusion List for two (2) years, a resident in good standing, with no current breaches of the HACP lease, can petition the HACP to remove the excluded person from the Exclusion List, provided the excluded person has not committed any additional criminal activity. If your petition is approved, you will be responsible for the actions of the person removed from the list and will be required to sign an agreement acknowledging that you may be evicted from public housing if the person commits any crimes on HACP property.

If you would like to submit a request to have someone who meets eligibility requirements removed from the Exclusion List, please complete the information below, sign and date this form and return it to the **HACP Department of Public Safety at 412 Boulevard of the Allies, 5th Floor Suite 522, Pittsburgh PA 15219**. Your petition for removal will be evaluated by the Public Safety Department and a response will be issued to you, in writing, at the address you have provided on this form within thirty (30) days of receipt of this form.

**Individual to be Removed from Exclusion List:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address (a valid address must be provided for purposes of contacting the excluded individual):  
\_\_\_\_\_  
\_\_\_\_\_

**Tenant/Requestor Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Community: \_\_\_\_\_

What is your relationship with the excluded individual: \_\_\_\_\_

Why should this individual be permitted on Housing Authority Property?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Public Safety Use Only**

Request Received By: \_\_\_\_\_ Date: \_\_\_\_\_

*Two (2) year minimum requirement met?* Yes \_\_\_ No \_\_\_

*Tenant in good standing with HACP* Yes \_\_\_ No \_\_\_

*Individual convicted of manufacturing or production of methamphetamine, murder, rape, involuntary deviant sexual intercourse, arson, or is a lifetime sex offender registrant?* Yes \_\_\_ No \_\_\_

*Individual meets criminal history eligibility requirements?* Yes \_\_\_ No \_\_\_