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HOUSING AUTHORITY OF CITY OF BLUE RIDGE
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BLUE RIDGE, GA. 30513

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Tonya Nuelle – Board Chair
Bill Tilly – Board member
Donna Gay – Board Member
Deb Cantrell – Board Member
Ellan Johnson – Resident Board Member

1st NOTICE TO RESIDENT ON 2020 RE-EXAMINATION

January 31, 2020

Dear Residents

Your Dwelling Lease requires that you furnish information about your family income and composition annually during our HUD required Re-Examination. **Our Yearly Unit Inspections will be starting March 30, 2020, I will send a separate Notice and NO DUMPSTERS will be provided this year. As required by HUD We will be going INTO every Apartment to complete our annual Unit Inspections for Housekeeping, any damage (regardless of who caused it) and for life/safety violations. There will be NO rescheduling of Apartment Inspections, No Exceptions.**

You and all adult members (18 years or older) of your household are required to visit our office sometime during the month of **April 2020 (starting the week of April 6, 2020 and continuing through the April 24, 2020) between the hours of 10:00 A.M. to 3:00 P.M., Monday - Thursday, ONLY 5 RESIDENTS PER DAY WILL BE COMPLETED EACH DAY**, so that we may accomplish this re-examination/redetermination. **As soon as possible Please call the office at 706-632-5742 by March 30, 2020 to schedule your date and time in order to not conflict with your work or school responsibilities. If I am not contacted by 3-30-2020 I will schedule your appointment for you alphabetically. Re-Examinations can be rescheduled 1 time if I am contacted prior to your scheduled date only and failure to show at your rescheduled appointment will result in the NON-Renewal of your lease.**

You should bring with you the following records:

1. Proof of your total income for the past 12 months (a copy of your Income Tax Return, Form W-2, check stubs will do)
2. An estimate of your income for the next 12 months. If you are receiving a government check, please bring in the new 2018 information from Social Security, etc. or a print out of your Checking Account Statement showing the amount that is Direct Deposited into your account.
3. **A record of your assets such as Savings Account books, bonds, property, etc.**
4. If you have medical expenses in excess of 3% of your total family income that was not covered by insurance and you are paying the bill during the next 12 months, please bring your medical records with you (elderly, disabled and handicapped, only)
5. All attached forms that are applicable for you and your household.

Note: The Zero-Income Checklist MUST BE COMPLETED by any household that is on a credit rent or whose rent is \$50.00 or less; no exceptions. These Households will receive their "Zero Income Packet" separately from this notice.

If you have any further questions concerning this re-examination/redetermination, please contact me at the Housing Authority office.

Sincerely,

Traver Aiken
Executive Director

