



Housing Authority of the City of Decatur, Georgia

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404-270-2100 ▪ Fax 404-270-2122
TTD/TTY 1-800-545-1833 Ext 852
www.decaturhousing.org

Request to Reissue Request for Tenancy Approval (RFTA) Form

Date: _____

Tenant's Name: _____
Print Name

I am requesting Decatur Housing Authority to void the RFTA I submitted on
_____ as of today, for the unit located at

_____.

I am voiding the RFTA for the following reason(s):

I understand that I will be notified by email or telephone when the reissued RFTA is available.

Tenant's Signature: _____ Date: _____

Tenant's Telephone Number: _____

Tenant's Email Address: _____

I understand that it is my responsibility to notify the owner of my decision. I have notified the property owner as indicated by his/her signature below.

Owner's Signature: _____