

**WASHINGTON COUNTY HOUSING AUTHORITY
OCCUPANCY DEPARTMENT
AUTHORIZATION FOR CRIMINAL RECORD**

I, _____, do hereby authorize the Washington County Housing Authority to access/obtain, from any person, agency or service, information regarding my background which may assist in determining whether I have a criminal history.

I understand that this information will be used to determine my eligibility for public housing. I understand that signing this authorization in no way guarantees my eligibility for public housing.

All adults age 18 years and over must complete this form. Feel free to copy the form for additional adults, or obtain additional sheets from the Occupancy Department.

FULL NAME: _____

ANY ALIAS NAMES: _____

DATE OF BIRTH: _____

ANY ALIAS DATES OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

ANY ALIAS SOCIAL SECURITY NUMBER: _____

CURRENT ADDRESS: _____

PREVIOUS ADDRESS: _____

Signature: _____ **Date:** _____

Printed: _____