CRIMINAL RECORD REQUEST CHECK/ CREDIT CHECK AUTHORIZATION

(PLEASE PRINT ALL INFORMATION CLEARLY)

Full Name: _____

Do you go by any other name? _____ YES _____ NO

If yes give name and explain: _____

_____

Address: _____

City / State: _____

State of Birth	Date of Birth M / D / Y	Sex	Race	Height	Eye Color	Hair Color	Weight	Social Security Number

CERTIFICATION

I hereby request and authorize a background check be made to find any police record on myself, named above. I further certify this for official business and I am authorizing Charleston-Kanawha Housing Authority to obtain any record found.

_____ _____
Signature Date

I further understand and authorize a credit report be performed for Housing purposes only. I further certify this is for official business and I am authorizing Charleston-Kanawha Housing Authority to obtain any record found.

_____ _____
Signature Date

_____ _____
Charleston-Kanawha Housing Authorized Representative Date

Name (Head of Household):_____

Application Date: _____ Bedroom Size:_____

PLEASE DO NOT WRITE BELOW THIS LINE (OFFICE USE ONLY)

LEASE ADDITION
Resident Requesting Lease Addition:_____

Voucher Number:_____ Phone Number: _____

Address / Apt #:_____

NOTE: ALL PERSONS 18 YEARS OF AGE & OLDER MUST COMPLETE THIS FORM