

GEORGETOWN HOUSING AUTHORITY

139 Scroggin Park, Georgetown, KY 40324 J. Thomas Wilson, PHM, Executive Director

CRIMINAL BACKGROUND CHECK AUTHORIZATION

By signing this form, I agree to allow Georgetown Housing Authority staff to perform a criminal background check on me for the purpose of program eligibility for the HCV Section 8 program or Public Housing.

I have lived in the following States & Counties:

Applicant Name	Date of Birth	Social Security Number	State	County
			-	
Printed Name	Signature		Date of Birth	
Printed Name	Signature		Date of Birth	
Printed Name	Signature		Date of Birth	
Have you or any household i	member ever been cor	nvicted of the manufacture, sell	, or production o	of Methamphetamine
(Speed) on the premises of F	Public Housing, Section	n 8, or any assisted housing?	Yes □	No □
Have you or any household r	member ever used a la	ast name different from the one	you're using no	w? Yes □ No □
If yes, what last names have	you used?	9000	7.0	
Current Address		City, State, Zip Code		_
		Oity, State, Zip Code		
Telephone:				
VARNING: TITLE 18, SECTION	N 1001 OF THE U.S. CO	DE STATES THAT A PERSON IS GU	ILTY OF A FELONY	FOR KNOWINGLY AND
VILLINGLY MAKING FALSE OR F	RAUDULENT STATEMENT	S TO ANY DEPARTMENT OF THE U	INITED STATES G	OVERNMENT.
or by any means of communication at the Request for Reasonable Accommodation staff. If you have any questions or conce Services for Individuals who are Deaf, Ha	GHA Central Office, 139 Scroge form which should be complete rns about reasonable accommo		ne individual making the stance with completing	e request will be provided with the this form is available from GHA Felecommunications Relay
DATE CHECKED BY	GHA:	RESULTS:		

