



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 (CKHA) &/or Housing Innovations 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 CKHA &/or Housing Innovations 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: _____

Phone Number: _____ Address / Apt #: _____

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

