REQUEST FOR CRIMINAL RECORD CHECK
MUST BE COMPLETED BY EVERY ADULT MEMBER OF THE HOUSEHOLD

Applicant:_____ _____ _____
Last First Middle
Maiden or Alias Name(s):_____

Date of Birth:____/____/_____ Social Security Number:_____/____/_____

Gender:_____ Race:_____ Telephone # :_____

Place of Birth:_____ _____ _____
City/Town State Country

List all states which you have lived: _____

RELEASE

I,_____, hereby acknowledge and agree to a check of any criminal record of convictions which may be maintained by the following agencies:

TO BE COMPLETED BY VSHA ONLY: The Housing Authority shall check all that apply:
_____ Vermont Criminal Information Center _____FBI/NCIC _____3rd Party Service

I understand that the results of that check will be made available to Vermont State Housing Authority for use in reviewing my suitability as a tenant. I further understand that I have the right to appeal the results of the criminal record check to the Vermont Criminal Information Center, Department of Public Safety, 103 South Main Street, Waterbury, Vermont, 05671-2101.

Signature of Applicant:_____ Date:_____

Identity Verified By:_____ Date:_____
Print VSHA Employee/Agent Name

If not completed by an agent/employee of VSHA, identification MUST be reviewed by a Notary Public.
In the presence of: _____ _____
Notary Public Commission Expiration

Must be completed by a Notary with a raised seal.

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