

CRIMINAL HISTORY CERTIFICATION/ACKNOWLEDGEMENT

I, _____ understand that a criminal background check will be
(PRINT NAME)
conducted on all adult (18 years and older) applicants and participants by the Texas Department of Housing and Community Affairs through the Texas Department of Public Safety agency and that the same information may be requested for juveniles in my household, only to the extent that the release of such information is authorized by state, local, or tribal laws.

I understand that Texas Department of Housing and Community Affairs may at any time contact the Texas Department of Public Safety as outlined by HUD, to receive a more extensive and thorough report through the State of Texas, Instate and the FBI.

I UNDERSTAND THAT MY ASSISTANCE AND CONTINUED ASSISTANCE MAY BE DETERMINED BY THE RESULTS OF MY CRIMINAL HISTORY REPORT.

APPLICANT/PARTICIPANT SIGNATURE
(FULL NAME)

DATE OF SIGNATURE

DATE OF BIRTH

ADDRESS

CITY, STATE, ZIP

PLACE OF BIRTH

RACE/SEX

DRIVERS LICENSE NUMBER

SOCIAL SECURITY NUMBER

THIS INFORMATION IS CONFIDENTIAL AND WILL ONLY BE USED TO DETERMINE ELIGIBILITY FOR PARTICIPATION AND CONTINUED PARTICIPATION IN THE SECTION 8 HOUSING CHOICE VOUCHER PROGRAM.

DATE
VERIFIED: _____

ELIGIBLE _____

NOT ELIGIBLE _____

APPEAL _____