

# APPLICATION FOR OCCUPANCY CRIMINAL BACKGROUND RELEASE

Please print legibly and complete the entire form.  
(All adults in the household must complete a separate form)

FULL NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

FULL ADDRESS: \_\_\_\_\_

(Street, Apartment number)

(City, State, Zip Code)

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, WHEN, WHERE, AND NATURE OF THE OFFENSE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

ARE YOU OR ANY MEMBER OF YOUR HOUSEHOLD SUBJECT TO A LIFETIME STATE SEX OFFENDER  
REGISTRATION PROGRAM IN ANY STATE? YES \_\_\_\_\_ NO \_\_\_\_\_

PLEASE PROVIDE A LIST OF STATES WHERE YOU AND ANY OF YOUR HOUSEHOLD MEMBERS HAVE RESIDED:

\_\_\_\_\_

BY SIGNING THIS APPLICATION, THE UNDERSIGNED HEREBY AUTHORIZES \_\_\_\_\_  
TO INVESTIGATE AND CONFIRM THE INFORMATION STATED BY THE PERSON SIGNING THE FORM.

THE UNDERSIGNED UNDERSTANDS AND AGREES THAT SAID INVESTIGATION MAY INCLUDE, BUT IS NOT  
LIMITED TO, OBTAINING A STANDARD CREDIT REPORT AND CRIMINAL BACKGROUND INVESTIGATION.

TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS TRUE AND ACCURATE:

APPLICANT/OCCUPANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



Rev. 2.1.25