

Moline Housing Authority



4141 11th Avenue A • Moline, Illinois 61265
Phone (309) 764-1819 • Fax (309) 764-2120

AUTHORIZATION FOR CRIMINAL BACKGROUND INVESTIGATION

I hereby authorize Moline Housing Authority personnel to conduct a criminal background investigation on me, the Applicant. I also authorize the appropriate police department(s) to release to the Moline Housing Authority all information said department(s) have on file, or have access to, relative to any record they may have on me. The undersigned agrees to the Moline Housing Authority and any such police department harmless from any and all claim litigations, which might arise as a result of the release of the aforesaid information. These records are to be used to help determine my eligibility for housing purposes only. By signing this form I am stating that the information I listed is true and correct. If any information provided on this document is inaccurate or doesn't contain all arrests or convictions you may be denied for Housing.

Applicant signature Date

Moline Housing staff Date Name of Head of household (if different than applicant)

Full name: _____

(List any maiden names)

Sex: _____ Race: _____

Birthdate: _____ Social Security #: _____

Prior Address: _____

Present Address: _____

Do you own a vehicle? YES NO License Plate #: _____

Have you ever been arrested or convicted of a crime in Illinois or in any other state or country? YES NO

If yes, please explain: _____

Official Use Only

_____ No criminal background record

_____ Has a criminal background record (5 years misdemeanor/10 years felony)

_____ Additional criminal background information necessary (Tenant PI check)

_____ Suitability (Meet with applicable staff if checked)

MHA COP Officer

Date



“Providing housing and opportunities”

www.molinehousing.com