**CONSENT TO SCREEN FOR CRIMINAL ACTIVITY**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Have lived in the following **State(s) & County(s)** in the past 3 years:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; \_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; \_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

**State / County State / County State / County**

• Have you used any alternate last name, maiden name, or other than the names indicated above? **\_\_\_ Yes \_\_\_ No**

|  |
| --- |
| ***If Yes,*** please list names |

|  |
| --- |
| ***Choose ONE of the following:***  \_\_\_ I am an **Applicant**, applying for housing assistance ***or,***  ***\_\_\_*** I am a current program **Participant *or,***  \_\_\_ I am a member of the **Applicant** household of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***or,***  \_\_\_ I wish to become a member of the **Participant** household of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ . |

***Please Note:* “Adult” is defined here as an individual who is 18 years old or older, or an individual who is under 18 years old, but who has been convicted of a crime as an adult or emancipated minors considered as adults.**

**• I understand,** as an “adult” member of this household, that a criminal history record check or “screening” for drug-related criminal activity, violent criminal activity, sex offense, registration as a sex offender, and other criminal activity must be performed to determine this household’s eligibility for admission to, or participation in these programs. I understand, in some circumstances, this household can be denied if I, or an adult member of this household, have engaged in such activities or abuses.

**• By signing below,** I agree to the release of criminal history records and sex offender registration information about me to MaineHousing to screen this household for participation in the programs, and I agree to release any law enforcement agency providing records or information from any liability for that release. I agree that this consent will remain in effect for **15 months** from the signature date below. I understand that if I, or any adult member of this household, refuses release of this information, or who is not truthful in the statements made on this form, this household will be disqualified from admission to, or participation in these programs.

**• I understand** that MaineHousing may obtain information from other available sources concerning criminal activity that did not result in a conviction, information concerning alcohol abuse, and information on other matters in screening me and my household members for admission to these programs.

**• I am not currently** using any illegal drugs or engaging in any drug-related criminal activity or any other criminal activity and, to the best of my knowledge; none of the adult members of this household are currently using any illegal drugs or engaging in any drug-related criminal activity or any other criminal activity. I have not been charged with any crime in the past three years involving drugs, alcohol, weapons, violence or the threat of violence, and, to the best of my knowledge no adult member of this household has been arrested and charged with any crime in the past three years involving drugs, alcohol, weapons, violence or the threat of violence.

**Please contact MaineHousing at (207) 624-5789 or** [**section8hcv@mainehousing.org**](mailto:section8hcv@mainehousing.org) **if you have any questions about the statements above.**

**I hereby authorize the release of criminal history information requested directly to MaineHousing. I understand that this information is certified to be true, and that willful misrepresentation on the form is grounds for denial and/or termination.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

***Office Use Only:***  **\_\_\_\_ APPROVAL EMAIL ATTACHED** \_\_ **VASH VOUCHER HOLDER**