



Saint Joseph County Housing Authority

107 W Center St PO Box 425 North Liberty, IN 46554

Phone: 574-656-3545 Fax: 574-656-3545 Email: mail.sjcha@gmail.com

Landlord Criminal Background Check Authorization Form

Name: _____

Other names used: _____

Current Address: _____

City, State, Zip: _____

Social Security Number: _____ Date of Birth: _____

Have you ever been charged of a felony and/or misdemeanor? Yes or No (circle one)

Have you ever been convicted of a felony and/or misdemeanor? Yes or No (circle one)

There is a potential that the resultant data will indicate an individual's prior felony and/or misdemeanor convictions.

In accordance with Code of Federal Regulations 24 CFR 982.306, 982.54 (d)(8), the Saint Joseph County Housing Authority has adopted a policy that includes disapproval of an owner for violent criminal activity and drug-related activity.

I hereby authorize the Saint Joseph County Housing Authority to conduct a criminal background check on my behalf. I understand that this check will cover a search of law enforcement and court records and a check of the National Sex Offender Public Registry. I understand that my ability to be a participating owner in the Saint Joseph County Housing Authority Housing Choice Voucher program is contingent upon the results of the background check. I understand that failure on my part to consent to the criminal background check will result in the denial of participation in the program. I understand that I am entitled to receive and review the information obtained, upon request.

I certify that the information above is truthful and accurate to the best of my knowledge. I understand that knowingly providing false information or omitting information may result in disqualification from participating in the program.

Owner Signature: _____ Date: _____