

NOTICE/AUTHORIZATION AND RELEASE FOR CRIMINAL BACKGROUND INVESTIGATION

Name of Head of Household on Housing Application: _____

I, the undersigned individual, do hereby authorize the **Comanche Nation Housing Authority, Lawton, OK** to procure a criminal background report on me for the purpose of initial applicant eligibility screening, lease enforcement and/or eviction actions. This authorization and release form is valid during the housing application process, and if accepted into a housing program, for the entire duration of stay in a CNHA housing unit.

This above-mentioned report will be disclosed only to CNHA staff who has a job related need for the information and who is an authorized officer, employee, or representative of the recipient.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to the **Comanche Nation Housing Authority, Lawton, OK** including, but not limited to any and all courts and law enforcement agencies, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release the **Comanche Nation Housing Authority, Lawton, OK** and all persons, National Crime Information Center, police departments, and other law enforcement agencies, from any and all liability, claims and/or demands, by me, my heirs or others making such claim or demand on my behalf, for providing a criminal background report hereby authorized.

Further, I certify that the information contained on this Notice/Authorization/Release form is true and correct and that my housing application will be terminated based on any false, omitted or fraudulent information.

Signature: _____ Today's Date: _____

(PLEASE TYPE OR PRINT CLEARLY IN INK)

Full Name: _____ Suffix: JR ___ SR ___ III ___
[Do Not Abbreviate] First Middle Last

Other Names Used: _____ Dates Used: _____
(alias, maiden, or nicknames)

Current Address: _____
Street or P. O. Box City State Zip Code County Date Lived

Social Security Number: ___ - ___ - ___ Full Name on SSN: _____

Date of Birth (month/day/year): ___/___/___ Gender: Female ___ Male ___

E-mail Address: _____

TO BE COMPLETED BY CNHA STAFF ONLY

This criminal background report will be kept under lock and key and be under the custody and control of the CNHA executive director/lead official and/or his designee for such records.

Date Report Received: _____

Reviewed By: _____

Report Determination: Favorable / Unfavorable