



ECHA



EDWARDS COUNTY HOUSING AUTHORITY
Deborah L. Smith, Executive Director

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edwardscohousing.org

POLICE BACKGROUND CHECK

APPLICANT'S HOUSEHOLD INFORMATION

Applicant's **full name** _____ Maiden name _____

List all other names applicant has ever used _____

SS# _____ Date of Birth _____ Sex _____

Driver's license # _____ State where license was issued _____ Race _____

My current address [] _____

My most recent address [] is:

(street) _____

(city) _____ (state) _____ (zip) _____

List the other members of your household who will be living with you in public housing below:

Name _____ SS# _____ D.O.B. _____

Name _____ SS# _____ D.O.B. _____

Name _____ SS# _____ D.O.B. _____

Name _____ SS# _____ D.O.B. _____

Name _____ SS# _____ D.O.B. _____

Name _____ SS# _____ D.O.B. _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the Edwards County Housing Authority to request a police background check. I understand that failure to authorize the Police Background Check will result in immediate denial of my application.

Note: If the Police Background Check registers positive for prior charges, the Housing Authority will contact you, and you will have 10 days from the date of contact to come to the Housing Authority office. You must pick up a fingerprint card, take it to the Albion police station to be fingerprinted, and return it to the Housing Authority office the same day.

Failure to comply within the 10-day limit will invalidate your application. Results of the fingerprint report will help determine whether your application will be accepted or denied.

All members of the applicant household 18 years of age or older must sign below.

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____