



Housing Application Packet

Dear Applicant,

Thank you for your interest in Habitat for Humanity of Burlington County's Affordable Homeownership Program. Putting faith into action, Habitat for Humanity Burlington County partners with families in need and volunteers to transform lives through decent and affordable homeownership.

Please read the entire application packet and provide necessary documentation before turning in your application.

Applicants to the program **must** meet the following four criteria:

1. **Need:** An applicant's current housing is overcrowded, structurally/environmentally unsafe and/or exceeds 35% of the applicant's monthly gross income.
2. **Willingness to Partner:** An applicant must be willing to partner with Habitat. This means the applicant must complete up to 400 hours of volunteer work, called sweat equity, building Habitat homes as well as attending homeownership preparation classes.
3. **Ability to Pay:** Habitat is a hand up, not a hand out. We sell the homes we build to families whose gross income falls between 30%-60% of the area median income for their family size. The homes are sold for a no interest, fixed mortgage. Qualified applicants will fall within the following income guidelines:

Family Size	Minimum	Maximum
1 person	\$16,600	\$33,120
2 person	\$18,950	\$37,860
3 person	\$21,300	\$42,600
4 person	\$23,650	\$47,280
5 person	\$25,550	\$51,120
6 person	\$27,450	\$54,900
7 person	\$29,350	\$58,680
8 person	\$31,250	\$62,460

4. **Residency:** An applicant must be a US citizen or legal resident. They must also work or live in Burlington, Camden or Gloucester Counties.

HFHBCNJ is an affordable housing organization. We must follow NJ's Council on Affordable Housing (COAH) requirements and we also have guidelines set by Habitat for Humanity International. We build homes to fit a family's need at the *current time, not for the possible needs of the future*. We offer homes that fit the family's current size. For example, we do not offer a two person family a four bedroom home if a two bedroom home is available;

they would be offered a two bedroom home. We are not a custom house builder; we will work with families accepted into our program to the best of our ability. Our homes are built with volunteer labor and we often receive donated goods from corporations; we must be able to build within the volunteers' ability and the provided materials.

As mentioned in the beginning, part of the partnership with HFHBCNJ is that you must complete up to 400 hours of sweat equity. Sweat Equity is time spent building HFHBCNJ homes, working in our ReStore, and taking homeowner education courses. A single adult family is required to complete 250 hours of sweat equity; a multiple adult family must complete 400 hours of sweat equity.

How to Apply

In order to process your application, we require supporting documents that will help us determine your ability to meet the application criteria. We are requiring the documents at two different points in the application process.

When you turn in a completed application packet, please provide copies of the following items:

- \$17.50 application fee per household member ages 18 and over, paid in cash, check or money order made payable to "Habitat for Humanity Burlington County."
- Personal Identification in the form of a current driver's license, social security card, passport or birth certificate, permanent resident card or alien registration card (I551). Two sources are needed for each applicant, and one source for all other members of the household.
- Four most recent consecutive paystubs for all employed household members. Employment will be verified by Habitat for Humanity Burlington County.
- Verification of unearned income, such as SSI, Child Support, Alimony, Pension Fund, Worker's Compensation
- At least two utility bills verifying name(s) and address.
- If you are currently married, but separated from your spouse, we need to count them as a co-applicant. All supporting documents (income verification, identification, etc.) as well as the spouse's consent on the application are required. If you are divorced, a divorce decree is required.

In order to process the first part of your application, all applicable items from the above list must be dropped off, mailed, emailed or faxed to the Habitat office as soon as possible. Our office hours are 8:30 am to 4 pm Monday thru Friday. You may bring your documents by at any time during regular business hours or drop them off in our ReStore. You may also mail or fax them to the address or fax number below.

As part of the application process, Habitat for Humanity of Burlington County will do a criminal background check through a third party service. This criminal background check will not necessarily disqualify you from our homeownership program.

If you meet the qualifications for the first part of the application, we will request that you provide the following documents for the second part of the process. Since some of these items may take time to gather, we recommend you start gathering them now:

- All Checking Account Statements for the past 6 months
- All Savings Account Statements (CDs, IRAs, Bonds, Stocks, etc) for the past 6 months
- 1040 Federal Tax Return (Last 3 years)
- State Tax Return (Last 3 years)

- Rental Lease or Rental Payment (if applicable)

You can mail or drop off the completed application and the required documents to the attention of:

**Ashley Griffiths
Manager, Family & Volunteer Services
Habitat for Humanity of Burlington County
530 Route 38 East
Maple Shade, NJ 08052**

**Documents can be faxed to (856) 439-6437, with a coversheet with
the applicant's name, to the attention of Ashley Griffiths.**

**Scanned documents can be emailed to AshleyGriffiths@HabitatBCNJ.org
If you have any questions, please call Ashley at (856) 439-6717 ext 103**

After the application is completed, turned in and processed, it will be reviewed by our volunteer Family Services Committee. If they feel that a partnership is possible with your family, they will contact you and set up a Home Interview. This interview will be conducted by two members of the committee and they will meet with you at your home at a convenient time. After the interview, they will report back to the Family Services Committee, and if they still feel a partnership is possible, they will recommend you to the Board of Directors. The Board of Directors is the only group that can approve you for homeownership with our program.

Application for Housing



We are pledged to the U.S. policy for the achievement of equal housing opportunity. We support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, age, religion, sex, handicap, marital or familial status, income source, national origin, sexual preference, or exercising the right to federal credit protection.

This is an application for acceptance to our homeownership program, in which you would purchase a house from HFHBCNJ.

I am applying for the following property(ies):

- 2 Henderson Lane, Willingboro, NJ 08046
- 505 Second Street, Beverly, NJ 08010

1. APPLICANT INFORMATION

Applicant: (Please include name as it appears on legal documents)

First Name	Last Name	Maiden or Other Name (if applicable)		
Home Address	Apt/Lot No.	City	State	Zip Code
Home Phone Number	Cell Phone Number		Email Address	
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No Birth date: / / Social Security #:				

Co-Applicant (if applicable): (Please include name as it appears on legal documents)

Note: Co-applicant will be co-owner of Habitat home and will be responsible for Habitat mortgage. It is not required that each adult in household be listed as co-applicant. However, if you are married and not legally separated, your spouse must be listed as a co-applicant.

First Name	Last Name	Maiden or Other Name (if applicable)		
Home Address	Apt/Lot No.	City	State	Zip Code
Home Phone Number	Cell Phone Number		Email Address	
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No Birth date: / / Social Security #:				

Previous Address: If you (applicant and/or co-applicant) have lived in your current residence for less than two (2) years, please include your previous address(es):

1.					Who?
Previous Address	Apt/Lot No.	City	State	Zip Code	<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant
2.					Who?
Previous Address	Apt/Lot No.	City	State	Zip Code	<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant

2. WILLINGNESS TO PARTNER

To be considered for a Habitat home, you and your household must be willing to complete up to 400 "sweat equity" hours. This means you will be required to help build the homes of others and attend trainings to help you transition to becoming a homeowner. Persons unable to work on an active construction site because of a physical condition will be provided other opportunities to fulfill the Sweat Equity requirement.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT EQUITY HOURS: Applicant Co-Applicant
 Yes No Yes No

3. HOUSING

What is your current housing condition?

Please check all the boxes that describe the problems where you live now.

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Temporary | <input type="checkbox"/> Too small | <input type="checkbox"/> Government subsidized | <input type="checkbox"/> Plumbing/electrical problems |
| <input type="checkbox"/> Structural problems | <input type="checkbox"/> Roof problems | <input type="checkbox"/> Unsafe | <input type="checkbox"/> Handicap accessibility needed |
| <input type="checkbox"/> Living in same house with another family | <input type="checkbox"/> Paying more than 40% of your monthly income for rent | | |

Number of bedrooms:

Number of bathrooms:

Do you: Own Rent Other (please explain) How long have you lived at this location?

Monthly rent or mortgage payment: \$

Unpaid mortgage balance (if applicable): \$

IMPORTANT: Please describe what is wrong with your current housing and why you need a Habitat home.

Landlord Contact Information (if applicable)

Name	Address	Phone Number
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Other people who live with you: List the names and ages of people who currently live with you **AS WELL AS** people who plan on living in your Habitat home at least half (50%) of the time.

Please explain any shared child custody arrangements on the back of Page 3 or on a separate sheet of paper, and include a copy of court judgments.

Name	Birth Date	Gender	Relationship to Applicant (child, mother, friend, etc.)	Will this person live in Habitat house at least 50% (half) of the time?
1.		<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Y <input type="checkbox"/> N
2.		<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Y <input type="checkbox"/> N
3.		<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Y <input type="checkbox"/> N
4.		<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Y <input type="checkbox"/> N
5.		<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Y <input type="checkbox"/> N
6.		<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Y <input type="checkbox"/> N
7.		<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Y <input type="checkbox"/> N
8.		<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Y <input type="checkbox"/> N

4. UNEARNED INCOME

You do not need to be employed to be eligible for a Habitat house. However, you must have sufficient regular, reliable income that will not end to be able to repay the Habitat home mortgage. If you or anyone in your household is receiving money from a source other than employment, please check each type of income.

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Military Allotment | <input type="checkbox"/> Railroad Benefits | <input type="checkbox"/> Retirement/Pension |
| <input type="checkbox"/> Roomer/Boarder | <input type="checkbox"/> Social Security | <input type="checkbox"/> SSI | <input type="checkbox"/> Tribal Money |
| <input type="checkbox"/> Unemployment Benefits | <input type="checkbox"/> Veterans Benefits | <input type="checkbox"/> Workers Compensation | <input type="checkbox"/> Other |
| <input type="checkbox"/> Alimony | <input type="checkbox"/> Child Support | <input type="checkbox"/> Disability Benefits | |

For each box checked above, complete the following information (Use an additional sheet of paper if needed):

Person receiving income	Type of income	Amount	Frequency (weekly/monthly)	Will this income end?
1.				<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?
5.				<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?

5. EMPLOYMENT

You do not need to be employed to qualify for a Habitat house. If you or anyone in your household (age 18 or above) is currently employed, please tell us about money received for work (full or part-time, temporary, seasonal, or self-employment) including money from wage, salary, tips, and/or commission **from the past 2 years**. If you work(ed) for more than one employer, complete a box for each employer. If you need to list more than 3 employers, please use an additional sheet of paper.

1.				
Who in the household works at this job?	Start Date	Job Title	Employer's Name	
Employer's Address	City	State	Zip Code	Employer's Phone Number
Wage: \$ _____ per month			Average monthly earnings before tax (including tips & commission): \$ _____	
Is this job temporary? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what date do you expect this job to end?				
2.				
Who in the household works at this job?	Start Date	Job Title	Employer's Name	
Employer's Address	City	State	Zip Code	Employer's Phone Number
Wage: \$ _____ per month			Average monthly earnings before tax (including tips & commission): \$ _____	
Is this job temporary? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what date do you expect this job to end?				
3.				
Who in the household works at this job?	Start Date	Job Title	Employer's Name	
Employer's Address	City	State	Zip Code	Employer's Phone Number
Wage: \$ _____ per month			Average monthly earnings before taxes (including tips & commission): \$ _____	
Is this job temporary? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what date do you expect this job to end?				

6. EXPENSES

IMPORTANT: We need to know how much money you spend every month on household expenses. You do not need to include rent or mortgage payments, as they are included above. Please check all the boxes that you pay every month.

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Alimony | <input type="checkbox"/> Auto Payment | <input type="checkbox"/> Child Care | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Credit Card Payment | <input type="checkbox"/> Insurance | <input type="checkbox"/> Loan Payment | <input type="checkbox"/> Medical Bills |
| <input type="checkbox"/> Phone Bill | <input type="checkbox"/> Television/Internet Bill | <input type="checkbox"/> Utility Bill (gas, electric) | <input type="checkbox"/> Other |

For each box checked above, complete the following information (Use an additional sheet of paper if needed):

Who Pays	Type of Expense	Paid to Whom	Amount Paid	How Often Paid (Weekly, Monthly)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

7. ASSETS

Tell us about your household assets. An asset is cash, money in the bank, anything that can be sold, or can be converted into cash. An asset does not include personal property such as jewelry, furniture, electronics, etc. Check all that apply.

- | | | |
|--|--|---|
| <input type="checkbox"/> Bank Account (Checking/Debit) | <input type="checkbox"/> Bank Account (Savings) | <input type="checkbox"/> Inherited Property |
| <input type="checkbox"/> Houses/Buildings | <input type="checkbox"/> Land | <input type="checkbox"/> Stocks/401K/IRA |
| <input type="checkbox"/> Savings Bonds | <input type="checkbox"/> Vehicle (Car, Truck, ATV, Boat) | <input type="checkbox"/> Other |

For each box checked above, complete the following information (Use an additional sheet of paper if needed):

Owner	Type of Asset (Describe)	Value	Where is asset located? (Include name of bank or company where it is held, address of property, etc.)
1.			
2.			
3.			
4.			

8. DEBTS

Tell us about debts held by you (applicant and/or co-applicant). Check all that apply.

- | | | | |
|---|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Credit Card (Visa, MasterCard, Discover, American Express) | <input type="checkbox"/> Limited Purpose Credit Card (Sears, Lowes, Stage, Conn's, etc.) | <input type="checkbox"/> Medical Debt | <input type="checkbox"/> Student Loan |
| <input type="checkbox"/> Utility Company | <input type="checkbox"/> Vehicle Loan (Car, Truck, ATV, Boat) | <input type="checkbox"/> Other | |

For each box checked above, complete the following information (Use an additional sheet of paper if needed):

Whose name is on account?	Type of Debt	Company	Unpaid Balance	Is account in good standing?
1.				<input type="checkbox"/> Yes <input type="checkbox"/> No
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No
5.				<input type="checkbox"/> Yes <input type="checkbox"/> No

9. DECLARATIONS

	Applicant	Co-Applicant
Do you have any debt because of a court decision against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been declared bankrupt within the past 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had property foreclosed on in the past 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there currently a lawsuit filed <u>against</u> you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a legal US citizen or permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Answering "yes" to these questions does not automatically disqualify you. If you answered "yes" to any question, however, please explain on a separate sheet of paper.

10. MARKETING INFORMATION

How did you hear about Burlington County Habitat for Humanity's Affordable Homeownership Program?

11. AUTHORIZATION AND RELEASE OF INFORMATION

I understand that by filing out an application for housing with Burlington County Habitat for Humanity, I am authorizing Burlington County Habitat for Humanity to evaluate my actual need for a Habitat home, my ability to repay the no-interest loan and other expenses of homeownership, and my willingness to be a partner family. I understand that **Habitat for Humanity screens all potential staff (whether paid or unpaid), board members, and applicant families on applicable sex offender registries, as well as run a criminal background check.** I understand that **the evaluation will include, but is not limited to, personal visits, credit checks, landlord reference checks, and employment verification.** I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to receive a Habitat home, I may be disqualified from the program. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved.

By signing this statement I am submitting to such inquiries, allowing the release of my personal information to Burlington County Habitat for Humanity, and certifying that all information submitted on this application is accurate and complete.

X		X	
Applicant Signature	Date	Co-applicant Signature	Date

Please return this application along with supporting documents to the Burlington County Habitat for Humanity office located at the address below. If you have questions, please call the office at (856) 439-6717.

530 Route 38 East
Maple Shade, NJ 08052

If this application was completed by someone other than the applicant/co-applicant, please supply the following information:

This information was taken by: Face-to-face interview Mail Telephone
 Internet Other (please specify)

Interviewer's Name	Organization	Phone Number	Email Address
X			
Interviewer's Signature	Date		

12. GOVERNMENT MONITORING INFORMATION

The following information is requested by the federal government for loans related to the purchase of homes in order to monitor the lender's compliance with equal credit opportunity and fair housing laws.

You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it or not. However, if you choose not to furnish this information, under federal regulations this lender is required to note race and sex on the basis of visual observation or surname.

This information will be anonymous and separated from your application before the application is reviewed.

Applicant

I do not wish to furnish this information.

Race/National Origin (check all that apply)

- American Indian or Alaskan Native
 Native Hawaiian or Other Pacific Islander
 Black/African American
 Caucasian
 Asian
 Other (specify) _____

Ethnicity

- Hispanic Non-Hispanic

Birth date: / / **Gender:** Female
 MM DD YYYY Male

Marital Status: Single (including widowed, divorced)
 Separated Married

Co-Applicant

Not applicable

I do not wish to furnish this information.

Race/National Origin (check all that apply)

- American Indian or Alaskan Native
 Native Hawaiian or Other Pacific Islander
 Black/African American
 Caucasian
 Asian
 Other (specify) _____

Ethnicity

- Hispanic Non-Hispanic

Birth date: / / **Gender:** Female
 MM DD YYYY Male

Marital Status: Single (including widowed, divorced)
 Separated Married

If the government monitoring information listed above was completed by someone other than the applicant or co-applicant, please supply the information below:

This information was taken by: Face-to-face interview Mail Telephone
 Internet Other (please specify)

Interviewer's Phone Number

X

Interviewer's Name

Interviewer's Signature

Date

Background Authorization Form
Personal Information

Name: _____ SSN _____ - _____ - _____

**Previous Names Used: (Within the past 7 years) _____

Current Home Address: _____
Street Address (No P.O. Boxes) City State Zip Code County

How long have you lived at current address? _____

Previous Address: _____
Street Address (No P.O. Boxes) City State Zip Code County

How Long? _____

**Date of Birth: ____ / ____ / ____ Driver's License Number: _____ State: _____

Have you ever been convicted of a crime other than minor traffic offenses? Y _____ N _____

If yes, provide explanation:

Year of Offense: ____ County offense was committed: ____ Offense Description: _____

**THIS INFORMATION IS REQUIRED IN ORDER TO CONDUCT AN ACCURATE CRIMINAL BACKGROUND SEARCH AND WILL NOT BE USED AS CRITERIA IN THE HIRING PROCESS, AS DESCRIBED BY THE AGE DISCRIMINATION ACT OF 1967.

In connection with my application and/or continued employment, (including contract for services) with you, I understand that investigative background inquiries are to be made on myself including consumer investigative criminal convictions. Further, I understand that you will be requesting information from various Federal, State, and other agencies, which maintain records concerning my past activities relating to any criminal experiences.

I acknowledge that I have been counseled that a person or entity may not procure or cause to be prepared an investigative consumer report on any consumer unless it is clearly and accurately disclosed to the consumer, that an investigative consumer report – including all applicable information as to his or her character, general reputation, personal characteristics, mode of living, education history, driving history (including but not limited to accident history, alcohol/drug and any other DOT requirements as permitted by the ADA) employment history and credit history – may be made. If you are denied employment because of the consumer investigation, it is your right under the Fair Credit Reporting Act (Law 91-508) SS 606. to have the name of the agency or agencies from whom information concerning you was obtained. You are also entitled to receive free copies of the information supplied by those agencies within sixty days upon written request. You have the right to directly dispute with the consumer reporting agency the accuracy and completeness of any information furnished by that agency.

I authorize without reservation, any party or agency contacted by this employer to furnish the above mentioned information.

I release BACKGROUND NETWORK, INC. d.b.a. CRIMCHECK.COM and any other person and/or agencies from any suits, liens, judgments, damage and/or liability resulting from this process.

The above information is used solely for inquiries and criminal history checks.

Falsifying any information on this release form will constitute grounds for immediate dismissal or declining any pending job offers.

Applicant's Signature: _____ Date ____ / ____ / ____

For residents of CA, MN and OK:

You will be provided with a free copy of any consumer reports or investigative consumer reports if you check the box below.

By checking this box, I request a free copy of the report.

Fair Credit Reporting Act Notification

You have the right to receive a copy of your consumer credit report should one be requested for employment reasons.

By checking this box, I request a free copy of the report.

Background Authorization Form
Personal Information

Name: _____ SSN _____ - _____ - _____

**Previous Names Used: (Within the past 7 years) _____

Current Home Address: _____
Street Address (No P.O. Boxes) City State Zip Code County

How long have you lived at current address? _____

Previous Address: _____
Street Address (No P.O. Boxes) City State Zip Code County

How Long? _____

**Date of Birth: ____ / ____ / ____ Driver's License Number: _____ State: _____

Have you ever been convicted of a crime other than minor traffic offenses? Y _____ N _____

If yes, provide explanation:

Year of Offense: ____ County offense was committed: ____ Offense Description: _____

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In connection with my application and/or continued employment, (including contract for services) with you, I understand that investigative background inquiries are to be made on myself including consumer investigative criminal convictions. Further, I understand that you will be requesting information from various Federal, State, and other agencies, which maintain records concerning my past activities relating to any criminal experiences.

I acknowledge that I have been counseled that a person or entity may not procure or cause to be prepared an investigative consumer report on any consumer unless it is clearly and accurately disclosed to the consumer, that an investigative consumer report – including all applicable information as to his or her character, general reputation, personal characteristics, mode of living, education history, driving history (including but not limited to accident history, alcohol/drug and any other DOT requirements as permitted by the ADA) employment history and credit history – may be made. If you are denied employment because of the consumer investigation, it is your right under the Fair Credit Reporting Act (Law 91-508) SS 606. to have the name of the agency or agencies from whom information concerning you was obtained. You are also entitled to receive free copies of the information supplied by those agencies within sixty days upon written request. You have the right to directly dispute with the consumer reporting agency the accuracy and completeness of any information furnished by that agency.

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