



# ECHA



EDWARDS COUNTY HOUSING AUTHORITY  
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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 \_\_\_\_\_