Criminal & Sex Offender Background Information

Federal law requires us to get drug and criminal background and sex offender registration information about all adult household members applying for assisted housing. To enable us to do this, all household member age 18 or older must answer the questions below, then sign below to consent to a background check. The questions ask about drug related and other criminal activity that could adversely affect the health, safety, or welfare of other residents.

Conway Village Apartments will deny the application of any applicant who does not provide complete and accurate information on this form or does not consent to a background check.

1. Have you been evicted from a federally assisted site for drug-related criminal activity within the past three years? \_\_\_\_yes \_\_\_\_no
2. Do you currently use illegal drugs or abuse alcohol? \_\_\_\_\_yes \_\_\_no
3. Are you currently subject to a lifetime registration requirement under a state sex offender registration program? \_\_\_\_yes \_\_\_\_no
4. Have you been convicted of any drug-related crime within the past five years? \_\_\_yes \_\_\_no
5. Have you been convicted of any felony within the past five years? \_\_\_yes \_\_\_no
6. Have you been convicted of any crime involving fraud or dishonesty within the past five years? \_\_\_\_yes \_\_\_\_no
7. Have you been convicted of any crime involving violence within the past five years? \_\_\_\_yes \_\_\_no
8. Are you currently charged with any of the above criminal activities? \_\_\_\_yes \_\_\_no
9. Please list all states in which you have lived or have held licenses to drive (include driver’s license #’s\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Have you ever used or been known by another name? \_\_\_\_yes \_\_\_no

If yes, please list names used.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize Conway Village Apartments to verify the above information, and I consent to the release of the necessary information to determine my eligibility.

I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to Conway Village Apartments, to a public housing authority, or to an agency contracted by Conway Village Apartments to conduct criminal background checks.

Applicant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Name (Please Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_