



CRIMINAL BACKGROUND CHECK

ALL PERSONS 18 OR OLDER MUST COMPLETE. PLEASE MAKE COPIES IF NEEDED.

I, _____, authorize the Housing Authority of the Choctaw Nation of Oklahoma to do a criminal background check. I have been advised of the Drug and Criminal Free Policy. I am aware finding certain criminal history on me, or any member of my household could result in denial or termination of assistance. I agree upon written consent, I will not hold/file any lawsuit of any kind against the Housing Authority of the Choctaw Nation due to the criminal check.

Adult Signature

Date

Maiden Name: _____

Other Names Used: _____

Date of Birth: _____

Social Security Number: _____