





PERMISSION FOR RELEASE OF INFORMATION FROM LOCAL ARREST RECORDS

I hereby give my permission for the release to \_\_\_\_\_ of information from Law Enforcement files concerning any past history of any criminal offenses for which I may have been charged or convicted. I understand that information will be released on any conviction, any pending charges, or any arrest. I understand that this information will be used only for \_\_\_\_\_ purposes and will not be re-disseminated to other persons or used for any other purpose without my permission.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Street / Physical Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Witness /Notary Signature

\_\_\_\_\_  
Date

LOCAL ARREST Record Found?

YES (if yes see attached sheet)

NO

Oktibbeha County Jail

\_\_\_\_\_  
Jailer

\_\_\_\_\_  
Date

STEVE GLADNEY, SHERIFF



**LIST BELOW ALL PERSONS UNDER THE AGE OF 18:**

| Minors (Under Age 18) |    | Social Security # | Relation to Head | Sex | Race/Ethnicity | Birth Date | Age | Disabled*<br>Y/N | Name of School or Day Care Attended | Name & Address of Absent Parent<br>(if both parents are not in household) |
|-----------------------|----|-------------------|------------------|-----|----------------|------------|-----|------------------|-------------------------------------|---|
| Last                  |    |                   |                  |     |                |            |     |                  |                                     |   |
| First                 | MI |                   |                  |     |                |            |     |                  |                                     |   |
| Last                  |    |                   |                  |     |                |            |     |                  |                                     |   |
| First                 | MI |                   |                  |     |                |            |     |                  |                                     |   |
| Last                  |    |                   |                  |     |                |            |     |                  |                                     |   |
| First                 | MI |                   |                  |     |                |            |     |                  |                                     |   |
| Last                  |    |                   |                  |     |                |            |     |                  |                                     |   |
| First                 | MI |                   |                  |     |                |            |     |                  |                                     |   |
| Last                  |    |                   |                  |     |                |            |     |                  |                                     |   |
| First                 | MI |                   |                  |     |                |            |     |                  |                                     |   |
| Last                  |    |                   |                  |     |                |            |     |                  |                                     |   |
| First                 | MI |                   |                  |     |                |            |     |                  |                                     |   |
| Last                  |    |                   |                  |     |                |            |     |                  |                                     |   |
| First                 | MI |                   |                  |     |                |            |     |                  |                                     |   |
| Last                  |    |                   |                  |     |                |            |     |                  |                                     |   |
| First                 | MI |                   |                  |     |                |            |     |                  |                                     |   |

**VII. CRIMINAL HISTORY**

1. Has any household member (regardless of age) been involved in, arrested, charged, or convicted for any of the following:

Violent criminal activity?  Yes  No

If yes, give details \_\_\_\_\_

Domestic Violence, dating violence, or stalking?  Yes  No

If yes, name of victim: \_\_\_\_\_ Name of perpetrator: \_\_\_\_\_

Alcohol related activity?  Yes  No

If yes, give details \_\_\_\_\_

Manufacture of methamphetamines?  Yes  No

If yes, give details \_\_\_\_\_

Possession, sale, or distribution of illegal drugs?  Yes  No

If yes, list name/date/disposition of case \_\_\_\_\_

List name of any household member who is required to register as a sex offender: \_\_\_\_\_

If required to report, list name and telephone number of probation/parole officer: \_\_\_\_\_

2. Has any household member participated in drug rehabilitation during the past 12 months?  Yes  No

If yes, explain \_\_\_\_\_

3. Has any household member been evicted from federally assisted housing in the past 3 years?  Yes  No

If yes, who? \_\_\_\_\_

Where? \_\_\_\_\_

**VIII. RENTAL HISTORY**

1. Current Landlord: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

Dates of Occupancy: From \_\_\_\_\_ To \_\_\_\_\_

Rental Property Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Were you ever late in paying rent?  Yes  No

Were you evicted or asked to move?  Yes  No

2. Previous Landlord: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Were you ever late in paying rent?  Yes  No Were you evicted or asked to move?  Yes  No

**IX** Emergency Contact Information: Two people who we may contact to discuss your account if needed:

Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship: \_\_\_\_\_

**X. MISCELLANEOUS INFORMATION**

1. List all vehicles that household members will park on PHA property:

Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License Plate # \_\_\_\_\_  
Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License Plate # \_\_\_\_\_

Do you have a pet? Yes \_\_\_ No \_\_\_

If yes, describe: \_\_\_\_\_

2. How did you learn about our program? \_\_\_\_\_

**XI. APPLICANT CERTIFICATION**

All information provided on this application and at the interview is subject to verification. All family members age 18 or over should review the information on this form, the Federal Privacy Act, and all required releases which **MUST** be signed in order to be considered for housing.

By my signature below, I do hereby swear and attest that all information on this application is true and correct. I understand that I must report any changes in income, assets, family composition, address, or phone number to the Housing Authority within 14 days of such change for my application to remain valid. By my signature, I grant permission for the Housing Authority to verify information necessary to determine my eligibility and suitability for housing. I further understand that false statements or information are grounds for denial of this application.

\_\_\_\_\_  
Signature of Head of Household Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Spouse of Head of Household or Other Adult Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Other Adult Date \_\_\_\_\_

**WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.**