



HOUSING AUTHORITY OF THE COUNTY OF CHESTER

30 West Barnard Street, Suite 2
West Chester, PA 19382
Phone 610-436-9200 * Fax 610-436-9203
www.haccnet.org

REQUEST FOR CRIMINAL HISTORY RECORD CHECK

TO: _____ Date: _____

Applicants, including all household members 18 years old and above, for Public Housing [PH] and for Housing choice Voucher Program [HCVP] are subject to a Criminal History Check prior to being accepted into either program.

Current program participants (PH and HCVP) and all household members 18 years old and above are also subject to a criminal History Check as part of the annual Recertification process.

Please provide the Authority with all pertinent information regarding arrests and convictions for misdemeanors and felonies including any arrests or convictions for DUI and/or other substances.

HACC Representative Title

Applicant's/ Current Participant's Name: _____
First Middle Last (Maiden)

SOCIAL SECURITY: _____ Date of Birth: _____

State ID: _____ Issue Date: _____ State: _____

Drivers License: _____ Issue Date: _____ State: _____

Current Address: _____

Previous Address: _____

APPLICANT AUTHORIZATION:

I hereby authorize the Housing Authority of the County of Chester to investigate my background through any and all Law Enforcement Agencies deemed necessary.

APPLICANT'S SIGNATURE: _____ DATE: _____

A separate form must be completed and signed by each household member 18 years old and above.