

Belmont Housing Authority
51 Flowers Court
Belmont, NC 28012
704-825-9376
bhanc.org

Permission Form for Certification/Recertification Criminal Records and Credit Report Check

I, _____ do hereby give permission to Belmont Housing Authority to obtain a criminal and credit history records check on my behalf as part of the application, certification and/or recertification screening.

Applicant/Resident Full Name:

Last	First	Middle Name
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Maiden Name: _____

Other Name(s) Known as: _____

Current Street Address: _____

Current City: _____ **Current State:** _____ **Current Zip:** _____

Social Security Number: _____ - _____ - _____ **Date of Birth:** ____ / ____ / ____
mm dd yyyy

City of Birth: _____ **State of Birth:** _____

Race: White Black American Indian/Alaskan Asian/Pacific Islander
(Please circle the appropriate race)

Ethnicity: Hispanic Non-Hispanic *(Please circle the appropriate ethnicity)*

Gender: Male Female *(Please circle the appropriate gender)*

Applicant/Resident Signature: _____

Today's Date: _____

***ONE COMPLETED FORM PER PERSON FOR ALL PERSONS AGE 18 AND OLDER! ***