



# Portage Metropolitan Housing Authority

## Section 8 Department

### Authorization for Background Check

I request my criminal record, if any, in accordance with your agencies policies, or as may be obtained from an examination of my fingerprints, a review of your files, or from any other knowledge you may have, and deliver same to me or release to bearer.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Street Address

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

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Street Address

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

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Street Address

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

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Street Address

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

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

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

**This box is to be completed by PMHA Staff.**  
*Initial and date once review of each system is completed.*

\_\_\_ VTS      \_\_\_ EIV Debts Owed

\_\_\_ Rent Grow      \_\_\_ Portage County Auditor-Property Taxes

If pertinent record found, list case information (Court, case number, charge); use back of sheet if additional space is needed:

\_\_\_\_\_

\_\_\_\_\_  
Staff Member's Signature      \_\_\_\_\_  
Date

PMHA F-63