

Poinsett County
HOUSING AUTHORITY
Marked Tree | Lepanto | Harrisburg | Welner | Fisher

Office: (870)358-2990 Fax: (870) 358-4537

Background Check Authorization

DATE: _____

SIGNATURE OF APPLICANT: _____

Is any Member of your household subject to a life time sex offender registration program in any state?
_____ If yes, what state? _____

I, hereby authorize **Poinsett County Housing Authority** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for housing purposes. I understand that the scope of this report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

Office use only. Do not write below this line

First Name: _____

Middle Name: _____

Last Name: _____

Social Security #: _____ Date of Birth: _____

Office verified ID: Yes ___ No ___

Applicant's Present Address:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Signature of requesting personnel: _____

Date requested: _____ Background Attached: Yes ___ NO ___