Housing Authority of San Angelo

Criminal Background Screening

Name_____ Date_____
Date of Birth_____
Social Security No._____
Alias, other names used _____

Housing Use Only

HCV	___	LHP	___	Applicant	___
FUPF	___	NED	___	Participant	___
FSS	___	VASH	___	Family Member	___
HOP	___	MS	___		
PBV	___				

Public Housing ___

Head of Household_____
Housing Counselor_____

Response

Local: Clear ____ OK ____ **Nat'l:** Clear ____ OK ____

Arrest/Conviction falls within the three (3) year penalty ____
Arrest/Conviction has exceeded the three (3) year penalty ____
Arrest/Conviction bans tenant from federal assistance for ____ years. ____

Denied ___ Approved ___ CBC Hold/Monitor ___

Comments: _____

_____

_____

Verified by _____ Date _____