

San Angelo Housing Authority

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 \_\_\_
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 \_\_\_
Comments: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Verified by \_\_\_\_\_ Date \_\_\_\_\_