<b>APPLICANT</b>	SS#	
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## HOUSING AUTHORITY OF CARBON COUNTY LAW ENFORCEMENT RECORDS CHECK

The following information is required for a law enforcement records check.  Full Name of Participant-Including Maiden Name or Aka's: (Indicate principal resident or other):			
Sex	:() Male () Female		
Date	ofBirth:	Social Security #:	
Dri	ver's License or Identific	ation Card Number and State:	
crin	spective applicants may n ne of violence or use o rresidents.	ot wish to apply if they have been arrested or convicted of any drug offenses, sexual offense, f a weapon, or any other criminal activity which may indicate a potential hazard or danger to	
		QUESTIONNAIRE PLEASE MARK ONE ANSWER ONLY	
1.	( ) Yes ( ) No	ested for a drug or alcohol related crime?  If Yes, when?	
2.	( ) Yes ( ) No	ested for a sexual offense?  If Yes, when?	
3.	( ) Yes ( ) No	ested for a crime involving the use of a weapon, crime or violence, or other related incidents?  If Yes, when?	
	ANYO	NE REPORTING FALSE INFORMATION OF THIS FORM WILL BE DENIED HOUSING	
I he	ereby authorize the Hous information provided is	sing Authority of Carbon County and its agents to verify the above information and certify that true and correct.	
Sign	nature of Applicant	Date	