OAK PARK HOUSING AUTHORITY
21 SOUTH BOULEVARD
OAK PARK, IL 60302
(708) 386-9322

HOUSING CHOICE VOUCHER (SECTION 8) PROGRAM

AUTHORIZATION TO OBTAIN CRIMINAL/CREDIT REPORT INFORMATION

As an applicant/recipient of the Housing Choice Voucher Program, I authorize the Oak Park Housing Authority to obtain a drug-related criminal activity or other criminal activity check and a credit check as required in the administration of the Housing Choice Voucher Program.

_____
Print First Name Middle Initial Last Name

_____
Address City State Zip

_____ _____
Birth Date Social Security Number

_____ _____
Phone Number Drivers License Number

_____ _____
Illinois State I.D. Number Date

_____
Signature

Check which apply:

Gender:
[ ] Male [ ] Female

Ethnicity:
[ ] Non Hispanic [ ] Hispanic

Race:
[ ] Black [ ] White [ ] Native American [ ] Asian [ ] Pacific Islander

The Department of Housing & Urban Development requires that each individual living in the assisted household who is eighteen (18) years and older sign an authorization.

Original is retained by the requesting organization.

This consent form expires 15 months from the date of signature.