

(Spouse or Other Adult to fill out)
City of Olean Housing Authority
PERMISSION TO RELEASE POLICE RECORDS

FULL NAME: _____

MAIDEN NAME: _____

OTHER NAME KNOWN AS: _____

SOCIAL SECURITY#: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DATE OF BIRTH: _____

Signature _____ Date: _____

I Hereby authorize any local, state, or federal police department or any agency there of to furnish Olean Housing Authority with any information concerning my past activities that they may possess. I request that all information contained in law enforcement files be released to Olean Housing Authority for the sole purpose of determining my eligibility for admission as a tenant.

Above is a signed Release Form by the applicant consenting to inquires being make to any law enforcement agencies.

It is the goal of the U. S. Department of Housing and Urban Development, as well as the Olean Housing Authority, to reject any applicant that has a felony conviction or criminal history of drug and/or alcohol abuse. In addition, the Olean Housing Authority will reject an applicant who has a record that indicates an inability to interact peacefully with other people.

We are requesting a copy of records for the individual listed above. Enclosed is a self-addressed, stamped envelope for your convenience.

Sincerely,
Olean Housing Authority

Social Security Administration Consent for Release of Information

TO: Social Security Administration

Name _____ Date of Birth _____ Social Security Number _____

I authorize the Social Security Administration to release information or records about me to:

NAME
City of Olean Housing Authority

ADDRESS
P.O. Box 438
132 N. Union St. Suite 118
Olean, NY 14760

I want this information released because:

this will assist the Housing Authority in determining my total household income.

(There may be a charge for releasing information.)

Please release the following information:

- ___ Social Security Number
- ___ Identifying information (includes date and place of birth, parents' names)
- ___ Monthly Social Security benefit amount
- ___ Monthly Supplemental Security Income payment amount
- ___ Information about benefits/payments I received from _____ to _____
- ___ Information about my Medicare claim/coverage from _____ to _____
(specify)
- ___ Medical records
- ___ Record(s) from my file (specify)

- ___ Other (specify)

I am the individual to whom the information/record applies or that person's parent (if a minor) or legal guardian. I know that if I make any representation which I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both.

Signature: _____

(Show signatures, names, and addresses of two people if signed by mark.)

Date: _____ Relationship: _____

CRIMINAL & SEX OFFENDER BACKGROUND INFORMATION

Federal law requires us to get drug and criminal background and sex offender registration information about all adult household members applying for assisted housing. To enable us to do this, all household members age 18 or older must answer the questions below, then sign below to consent to a background check. The questions ask about drug-related and other criminal activity that could adversely affect the health, safety, or welfare of other residents.

Olean Housing Authority will deny the application of any applicant who does not provide complete and accurate information on this form or does not consent to a background check.

1. Have you been evicted from a federally assisted site for drug-related criminal activity? Yes No
2. Have you been arrested for use, distribution or sale of drugs? Yes No
3. Do you currently use illegal drugs or abuse alcohol? Yes No
4. Are you currently subject to lifetime registration requirement under state sex offender registration program?
 Yes No
5. Have you been convicted of any drug-related crime within the past five years? Yes No
6. Have you been convicted of any felony? Yes No
7. Have you been convicted of any crime involving fraud or dishonesty? Yes No
8. Have you been convicted of any crime involving violence? Yes No
9. Are you currently charged with any of the above criminal activities? Yes No
10. Please list all states (include city) in which you have lived or have held licenses to drive (include driver's license#s) _____

11. Have you ever used or been known by any other name Yes No
If yes, please list named used _____

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statement on this form is grounds for rejection or termination of my lease. I authorize Olean Housing Authority to verify that above information, and I consent to the release of the necessary information to determine my eligibility.

I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to Olean Housing Authority, to conduct criminal background checks.

Applicant's signature _____ Date _____