Housing Solutions for North Texas

dhantx.com

CRIMINAL BACKGROUND CHECK FORM

LAST NAME FIRST NAME MIDDLE INITIAL

SOCIAL SECURITY NUMBER(S) DATE OF BIRTH CONTACT NUMBER

IMPORTANT: All persons age 18 and older must complete this form. Your criminal record will be used in reviewing your eligibility for admission and your continued participation in the various Dallas Housing Authority (DHA) programs. Your admission and continued assistance will depend on the type of the activity/offense and the amount of time that has elapsed since the offense/activity. Providing false answers and failure to disclose all criminal activities is cause for disqualification and termination from the programs.

List all of criminal activities/offenses, civilian and military, including but not limited to, traffic bench warrants, suspended licenses, traffic citations, arrests, and convictions. Include any criminal charges for which you are presently awaiting trial or which are otherwise pending. Please check the boxes below that apply to your household.

☐ **Has any adult member been subject to any criminal action, including, but not limited to, grand jury assembly, issuance of warrants, arrests, or convictions?**

☐ **Does any adult member in your household have any pending criminal actions/charges?**

☐ **Are there any family members in my household subject to a lifetime sex offender registration requirement?**

☐ **Does any adult member in your family have a criminal convictions (if yes, please include comments below)?**

COMMENTS (Attach additional sheets if necessary)

☐ I certify that the information provided in this Criminal Background Check Form is true, complete, and accurate.
☐ I acknowledge and understand that passing a criminal background check is a requirement for assistance/eligibility.
☐ I acknowledge and understand that passing a criminal background check is a requirement for continued assistance.

I authorize the Dallas Housing Authority to verify all information provided herein, and I acknowledge understand that providing false, incomplete, or inaccurate information is cause for disqualification and termination from the programs.

Signature Date

FOR INTERNAL USE ONLY:

Approved: _____ Denied: _____

Signature/Date Signature/Date

REASON IF DENIED:

3939 North Hampton Rd
Dallas TX 75212
214 | 951 | 8300

DHA is a Fair Housing and Equal Opportunity Agency. Individuals with disabilities may contact the 504/ADA Coordinator at 214-951-8348, 7-1-1 for Relay Texas assistance, or 504ADA@dhantx.com

EQUAL HOUSING OPPORTUNITY