

FALL RIVER HOUSING AUTHORITY

Leased Housing | 1197 Robeson Street | Fall River, MA 02720 | (508) 675-3595

FINGERPRINT/CRIMINAL CONVICTION HISTORY REPORT RELEASE FORM

INSTRUCTIONS: PLEASE COMPLETE ALL SECTIONS AND SIGN AND DATE BELOW.

Last Name **First Name** **Middle Name** **Maiden/Former Name(s)**

Date of Birth (mm/dd/yyyy) **Place of Birth** **Country of Citizenship**

Current Address **City/State/Zip**

RACE	
<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Native American/Alaskan Native
<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> African American/Black

SEX
<input type="checkbox"/> Female
<input type="checkbox"/> Male

HAIR COLOR						
<input type="checkbox"/> Bald	<input type="checkbox"/> Black	<input type="checkbox"/> Blonde	<input type="checkbox"/> Brown	<input type="checkbox"/> Grey	<input type="checkbox"/> Red/Auburn	<input type="checkbox"/> Sandy
<input type="checkbox"/> White	<input type="checkbox"/> Blue	<input type="checkbox"/> Green	<input type="checkbox"/> Orange	<input type="checkbox"/> Pink	<input type="checkbox"/> Purple	<input type="checkbox"/> Streaked

EYE COLOR		
<input type="checkbox"/> Black	<input type="checkbox"/> Blue	<input type="checkbox"/> Brown
<input type="checkbox"/> Grey	<input type="checkbox"/> Green	<input type="checkbox"/> Hazel
<input type="checkbox"/> Maroon	<input type="checkbox"/> Multi	<input type="checkbox"/> Pink

HEIGHT
_____ feet
_____ inches

WEIGHT
_____ lbs

I authorize **FALL RIVER HOUSING AUTHORITY (FRHA)** to utilize the personal information above for the sole purpose of obtaining a criminal arrest and conviction history report via *FBI Live Scan*, which I understand is linked to a national database.

I hereby certify that the above information is true and correct. As an applicant for public housing, I understand that FRHA is required to secure a criminal background report as part of the eligibility screening process and verify that the data collected is that of my own.

Applicant Signature: _____ **Today's Date:** _____

OFFICE USE ONLY

My signature below indicates that I have reviewed the criminal/ arrest records of the applicant shown above, if any.

Signature: _____ **Date:** _____
FRHA Representative

Date Report Printed: _____ **Check One:** Eligible Ineligible



Fall River Housing Authority does not discriminate against any person because of race, color, religion, sex, disability, children or pregnancy in the household, veteran status, gender identity, sexual orientation, genetic information, ancestry, marital status, national origin, public assistance or use of a housing voucher or because the person is a member of the armed forces.



FALL RIVER HOUSING AUTHORITY

85 MORGAN STREET | PO BOX 989 | FALL RIVER, MASSACHUSETTS 02722

TIMOTHY S. BARROW, EXECUTIVE DIRECTOR

TELEPHONE (508) 675-3500
FAX: (508) 677-1346

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

Fall River Housing Authority is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified applicants for the rental or lease of housing.

As a prospective or current applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Fall River Housing Authority to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature.

I may withdraw this authorization at any time by providing Fall River Housing Authority written notice of my intent to withdraw consent to a CORI check. By signing below, I provide my consent to a CORI check and acknowledge that the information provided on this Acknowledgement Form is true and accurate.

Signature

Date

SUBJECT INFORMATION - Asterisk (*) denotes a required field

*Last Name

*First Name

Middle Name

Maiden Name (or other name(s) by which you have been known)

*Date of Birth

*Place of Birth

*Last Six Digits of Your Social Security Number

Sex: ____

Height: ____ ft. ____ in.

Eye Color: ____

Race: ____

Driver's License or ID Number: _____ State of Issue: _____

Mother's Full Maiden Name _____ Father's Full Name _____

Current Address: _____ Former Address: _____

TO BE COMPLETED BY FALL RIVER HOUSING AUTHORITY

The above information was verified by reviewing the following form(s) of government-issued identification: _____

Name of CORI Authorized Employee (Please Print)

Signature of CORI Authorized Employee