

Needham Housing Authority

CORI REQUEST FORM

The Needham Housing Authority is authorized to conduct criminal history screening on prospective tenants and/or participants (applicants). I understand that a criminal record check will be conducted for conviction and pending criminal case information as part of general background checks to determine eligibility and suitability, and that it will not necessarily disqualify me. By signing on Page I, Acknowledgement Form, I provide my consent to a CORI check and acknowledge that the information below is correct to the best of my knowledge.

APPLICANT INFORMATION (PLEASE PRINT)

| | | | |
|---------------------------|--|------------------|----------------|
| | | | |
| Last Name | First Name | Middle Initial | Suffix |
| | | | |
| Former Last Name 1 | Former Last Name 2 | Maiden Name | Place of Birth |
| | | | |
| Date of Birth | Social security Number (last 6 digits) | Sex | Height |
| | | | |
| Eye Color | Race | | |
| | | | |
| Mother's Full Maiden Name | Father's Full Name | Driver's License | State of Issue |

| | | |
|--|-------|---|
| Current Address | 1. | |
| Former Addresses: | 2. | |
| | 3. | |
| Please list any other state, territory or commonwealth in which you have previously resided: | | |
| City | State | Years of residency from: _____ to _____ |
| City | State | Years of residency from: _____ to _____ |
| | | |

NHA ONLY

| | |
|--|---|
| _____, _____, _____ The above information was verified by reviewing the following form of government issued photographic identification(s): | |
| Verified by CORI Authorized NHA Employee | _____ <div style="display: flex; justify-content: space-between;"> Print Name Signature </div> |

Needham Housing Authority

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGMENT FORM

The Needham Housing Authority is registered under the provisions of M.G.L. c. 6, 172 to receive CORI for the purpose of screening applicants for the rental or lease of housing. As an 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 The Needham 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 The Needham Housing Authority with written notice of my intent to withdraw consent to a CORI check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature of CORI Subject

Date

Needham Housing Authority

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

I have authorized the Needham Housing Authority to verify the accuracy of information, which I have provided to them, from the following sources:

- Social Security Administration
- Veterans Administration
- Income Sources for Pensions
- Employers
- Income Sources for Annuities
- Department of Revenue (DOR)
- Bank Institutions
- Alimony
- Department of Transitional Assistance
- Department of Workforce Educational Institutions
- Current and Former Landlords
- Educational Institutions

I understand that the information, which will be collected by the NHA, is used to manage the housing programs, to protect the public's financial interest and to verify the accuracy of the information submitted. When permitted by law, it may be released to government agencies, other housing authorities and to court or criminal investigators and prosecutors. Otherwise, the information will be kept confidential and used only by the Needham Housing Authority staff in the course of their duties.

I hereby give you my permission to release information to the Needham Housing Authority, subject to the conditions listed above. I would appreciate your prompt attention in supplying the information requested on the attached page to the Needham Housing Authority within seven (7) days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

| | | |
|------------------------------------|----------------------|------|
| Head of Household Signature | Social Security | Date |
| Co-Applicant Signature | Social Security | Date |
| Other Adult Member Signature | Social Security | Date |
| Other Adult Member Signature | Social Security | Date |
| General Release Form 1.2020 | Federal/State | |