



Criminal, Arrest, and Incident History

Release of Information Authorization

In consideration of myself and any applicable household members that engage in the application or recertification process of the Montclair Housing Authority's (MHA) Housing Choice Voucher Program (HCVP), I hereby authorize the MHA to obtain criminal background information that can be used to determine initial or continued eligibility in the MHA's HCVP. Such criminal background checks cover any information obtained from any law enforcement agencies, court clerks or other official entities which maintain criminal history information concerning myself and members of my household.

I understand and agree that any criminal, arrest, and incident history regarding both adult and juveniles obtained by the MHA will be used for the sole purpose of assessing the initial or continued eligibility of myself and members of my household. I further understand and agree that this authorization may be used to continuously update my program participant file at any recertification by the MHA during my/our participation in the Montclair Housing Authority's Housing Choice Voucher Program (HCVP).

Finally, I hereby waive any and all rights, remedies and causes of action which I may have against the Township of Montclair, Essex County, the State of New Jersey, their agents, representatives and employees which may accrue by the furnishing of any of the aforementioned information requested from me by any department of the Township of Montclair.

Name: _____

Address: _____

Date of Birth (MM/DD/YYYY): __/__/____ Social Security# ____-____-____

Driver License#: _____

Signature: _____ Date: _____

TO BE COMPLETED BY MONTCLAIR POLICE DEPARTMENT RECORDS/ID BUREAU

PREVIOUS RECORD: YES () NO ()

CONVICTIONS: YES () NO ()

PROCESSED BY: _____ DATE: _____