



Moline Housing Authority

4141 11 Avenue A
Moline, IL 61265

Telephone 309-764-1819
Fax 309-764-2120

Form 242

AUTHORIZATION FOR CRIMINAL BACKGROUND INVESTIGATION

I hereby authorize Moline Housing Authority personnel to conduct a criminal background investigation on me, the Applicant.

I also authorize the appropriate police department(s) to release to the Moline Housing Authority all information said department(s) have on file, or have access to, relative to any record they may have on me.

The undersigned agrees to the Moline Housing Authority and any such police department harmless from any and all claim litigations, which might arise as a result of the release of the aforesaid information. These records are to be used to help determine my eligibility for housing purposes only. By signing this form I am stating that the information I listed is true and correct. If any information provided on this document is inaccurate or doesn't contain all arrests or convictions you may be denied for Housing.

DATED THIS _____ DAY OF _____, A.D., 20 _____

SIGNATURE

MOLINE HOUSING STAFF

FULL NAME: _____
(LIST ANY MAIDEN NAMES)

SEX: _____ RACE: _____

BIRTHDATE: _____ SS# _____

PRIOR ADDRESS: _____

PRESENT ADDRESS: _____

DO YOU OWN A VEHICLE _____ YES _____ NO LICENSE PLATE NO: _____

HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A CRIME IN ILLINOIS OR IN ANY OTHER STATE OR COUNTRY? _____ YES _____ NO IF YES, PLEASE DESCRIBE:

