

CITY OF DOVER, NEW HAMPSHIRE

POLICE DEPARTMENT



Anthony F. Colarusso, Jr. Chief of Police

RETURN THIS TO DOVER HOUSING AUTHORITY NOT THE POLICE DEPARTMENT

AUTHORIZATION FOR DOVER POLICE TO RELEASE RECORD INFORMATION

ime:	First		· · · · · · · · · · · · · · · · · · ·	DOB:					
	First	MI	Last		ММ	DD	YYYY		
irrent A	ddress:								
	Str	reet	City	State	Zip		ip		
revious <i>i</i>	Address:								
	St	reei	City	State		7	Zip		
S#:	**************************************		Home phon	e:					
11	Y an amillion alone Y a								
1)	I certify that I am the individual described above and the information provided is true under pena Forgery (NH RSA 638:1) and Unsworn Falsification (NH RSA 641:3).								
2)	reports of distur	epartment. (i.e. copi bances in which I wo omestic disputes, rec	al record as well as any of es of arrest complaints p ras involved, documented cords of suicide attempts	ending final di	spositi	on in th	ie courts,		
3)	I hereby authorize the Dover Police Department to release the above information to:								
	THE DO	VER HOUSING A	UTHORITY, 62 WHIT	TIER STREET	, DOV	ER NE	03820		
4)	I further authorize the release of the above information to the DOVER HOUSING AUTHORITY for the period of time during which I am an applicant for housing. I also authorize the future release of the above listed information to the DOVER HOUSING AUTHORITY concerning my activity which may occur on Housing Authority property, if I am accepted for and choose residency under the control of the DOVER HOUSING AUTHORITY.								
Signat	ture:		Date:		,				
Notarized By:		Date:							
Му Со	ommission Expire	:s:							
		(SEI	E REVERSE SIDE)						

CRIMINAL ACTIVITY INFORMATION FORM

The following information is requested for the purpose of determining eligibility for housing assistance through the Dover Housing Authority.

WARNING

It is a crime to knowingly provide false information on this application form. Persons doing so will be investigated and prosecuted by the Dover Police Department. All criminal convictions must be acknowledged as requested except when they have been annulled or erased. A conviction has been annulled or erased ONLY if you have formally petitioned the court to do so and the court has granted that petition. If you have any questions as to what should be included on this application form, please ask Dover Housing Authority for assistance.

SECTION 1 - (PLEASE PRINT)

Name:			Plac	e of birth:		Ť
	Last First	Middle		***************************************		State
Sex:	Height:	Weigh	t: I	Race:	_	
Eye color:	Hair o	color:				
Driver license/r	non-driver ID #:		State:			
Have you ever	legally had your name	changed: () YF	ES () NO			
If yes,	reason (marriage or oth	er):			Pate:	
Place:	A STATE OF THE STA		. (Court:		
List previous	names including M	aiden and/or N	icknames:			
SECTION 2						
	ou ever been convicted hire or in any other sta		tion, misdemeanor	or felony) by a c	ourt in New	
If "YE	S", list date, charge, pla	ace and dispositio	n for each.**			
DATE	CHARGE/OI	FENSE	PLACE/CITY/T	OWN/STATE	DISPOS	SITION
**DO NOT INC OR ANY OTHE	LUDE CONVICTIONS R COURT.	THAT HAVE BEE	N ANNULLED/ER	ASED BY A NEW	HAMPSHIRE (COURT
I declare that this understand that a under NH RSA 6	s information provided by iny intentional false answ 541:3.	me in this applica ers to any question	tion is true and comp will be just cause fo	plete to the best of the refusal of my app	ny knowledge. I lication and is p	unishable
		Signature of A	applicant:			·····
	Application Received	/Witnessed by:			Date:	