

CITY OF DOVER, NEW HAMPSHIRE

POLICE DEPARTMENT



William M. Breault Chief of Police

RETURN THIS TO DOVER HOUSING AUTHORITY NOT THE POLICE DEPARTMENT

AUTHORIZATION FOR DOVER POLICE TO RELEASE RECORD INFORMATION

Name:				DOB:	DOB:		
	First	MI	Last	MM	DD YYYY		
Current Ad	dress:						
		Street	City	State	Zip		
Previous A	Address:						
		Street	City	State	Zip		
SS#:			Phone:				

- 1) I certify that I am the individual described above and the information provided is true under the penalty of Forgery (NH RSA 638:1) and Unsworn Falsification (NH RSA 641:3).
- 2) I authorize the release of my criminal record as well as any other contact between myself and the Dover Police Department. (i.e. copies of arrest complaints pending final disposition in the courts, reports of disturbances in which I was involved, documented cases of substance or alcohol consumption, domestic disputes, records of suicide attempts or committals for involuntary hospitalization).
- 3) I hereby authorize the Dover Police Department to release the above information to:

THE DOVER HOUSING AUTHORITY, 62 WHITTIER ST, DOVER NH 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.

Signature:	Date:
Notarized by:	Date:
My Commission Expires:	
(SEE 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.*

<u>SECTION 1 – (PLEASE PRINT)</u>

Name:				Place of birth:		
	Last	First	Middle		City	State
Sex:		Height	Weight	Race: _		
Eye Co	olor:	Hair color:				
Drive I	License/Non-I	Driver ID#:	State:			
Have y	ou ever legall	y had your name changed:	() YES	() NO		
	If YES, reaso	on (marriage or other):		D	ate:	
	Place:			Court:		
List pr	evious names	s including MAIDEN and	l/or NICKNA	MES:		
SECTI	<u>ON 2</u>					
	•	er been convicted of a crin hire or in any other state?	-		ony) by a cou	ırt in
	If "YES", lis	st date, charge, place and d	isposition for	each.**		
DATE		CHARGE/OFFENSE	<u>CI7</u>	Y/STATE	DIS	SPOSITION

**DO NOT INCLUDE CONVICTIONS THAT HAVE BEEN ANNULLED/ERASED BY A NEW HAMPSHIRE COURT OR ANY OTHER COURT.

I declare that this information provided by me in this application is true and complete to the best of my knowledge. I understand that any intentional false answers to any question will be just cause for refusal of my application and is punishable under NH RSA 641:3.

Signature of Applicant	
Application Received/Witnessed by:	Date: