

Sleepy Eye Housing Authority ~ Ross Park Apartments

313 4th Ave. S.E.
Sleepy Eye, MN 56085

507-794-5101 phone
507-794-5108 fax
sehra@sleepyeyetel.net

AUTHORIZATION FOR CRIMINAL BACKGROUND CHECK

Date: _____

The following individual has made an application with this agency for public housing.

Applicant Information (Please Print)

Last Name: _____

First Name: _____

Middle Name: _____

Maiden, Alias, or Former Name: _____

Date of Birth: _____ **Sex (M or F):** _____
Month/Day/Year

Social Security Number: _____

I authorize the disclosure of all criminal history record information to the Sleepy Eye Housing Authority / Ross Park Apartments, for the purpose of application for public housing with this agency.

The expiration of this authorization shall be for a period of no longer than one year from the date of my signature.

Signature of Applicant

Date