

CRIMINAL BACKGROUND

Residents Full Legal Name: _____

Residents Date of Birth: ___/___/___

Have you ever been arrested? Yes No

Are you a felon? YES NO

Do you have a Driver's License? YES NO

If no, do you have an ID card or is your license suspended? _____

Are you a registered sex offender? YES NO

Are you registered to vote? YES NO

Do you have unpaid fines? YES NO

If yes, where? _____

Do you have any warrants? YES NO

Do you have any court hearings coming up? YES NO

Have you ever been to prison? YES NO

Are you on parole? YES NO

If yes, where _____

Are you on probation? YES NO If yes, where and what are your requirements? _____

Residents Signature: _____

Date: _____

Freedom House Representative: _____

Date: _____