



EDGEWATER HOUSING AUTHORITY

300 UNDERCLIFF AVENUE
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JACK WARREN, P.H.M.
EXECUTIVE DIRECTOR

Criminal Background/ Credit Report

Authority: HUD requires that you sign a consent form authorizing: That the Cliffside Park HA may request a background check from law enforcement officials, and credit agencies to verify your eligibility of benefits.

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Not a lifetime registered Sex Offender

In accordance with the regulations at 24 CFR 5.856 and 5.905, O/As and PHAs must perform necessary criminal history background checks to determine if an applicant, or a member of an applicant's household, is subject to a lifetime registration requirement under a State sex offender registration program. This check must be carried out with respect to the State in which the housing is located and with respect to States where the applicant and members of the applicant's household are known to have resided.

Authority: HUD requires that you sign a consent form authorizing that the Cliffside Park HA verify the information provided by the applicant by searching the Dru Sjodin National Sex Offender Database. The Dru Sjodin National Sex Offender Database is an online, searchable database, hosted by the Department of Justice, which combines the data from individual state sex offender registries. The website for the database is located at: <http://www.nsopw.gov>.

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By signing below you are saying that you are NOT a lifetime registered sex offender.

Signature Head of Household	Social Security #	Date of Birth	Date
Other household member	Social Security #	Date of Birth	Date
Other household member	Social Security #	Date of Birth	Date
Other household member	Social Security #	Date of Birth	Date