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OUR MISSION: TO PROVIDE AND PROMOTE QUALITY AFFORDABLE HOUSING & CARING SUPPORTIVE SERVICES

CRIMINAL RECORDS CHECK DISCLOSURE AND CONSENT FORM

Screening for Drug Abuse and Other Criminal Activity – In accordance with Notice H 2002- 22 and the Federal Register, Vol. No. 66, No. 101 on May 24, 2001 effective June 25, 2001 regarding the requirements mandating Screening and Eviction for Drug Abuse and Other Criminal Activity, the following screening and continued stay criteria will be in place to ensure compliance with the Federal Register.

1. A criminal records check through Colorado Bureau of Investigation will be conducted on all Applicants for housing at any Senior Housing Options managed building. This includes applicants who state on their applications that they do not have criminal record.
2. If a criminal records check reveals that an Applicant has a criminal record and the Applicant failed to indicate the presence of the criminal record on his or her application, then the Applicant's application for housing will be denied on the basis that the Applicant failed to be truthful when filling out the applications.
3. If criminal records check reveals that an Applicant has a criminal record of any of the following, the Applicant's application for housing will be denied:
 - a) Any household containing a member(s) who was evicted in the last five (5) years from federally assisted housing for any reason
 - b) A household in which any member is currently engaged in illegal use of drugs or for which the owner has reasonable cause to believe that a member's illegal use or pattern of illegal use of a drug may interfere with the health, safety, and right to peaceful enjoyment of the property by other residents;
 - c) Any household member who is subject to a state sex offender lifetime registration requirement;
 - d) Any household member if there is reasonable cause to believe that member's behavior, from abuse or pattern of abuse of alcohol, may interfere with the health, safety, and right to peaceful enjoyment by other residents. The screening standards will be based on behavior, not the condition of alcoholism or alcohol abuse;
 - e) Any record of criminal history or violent criminal history for 10 years preceding the date of application including but not limited to charges and/or convictions, felonies and/or misdemeanors against other persons, property. Conviction (at any time) for a felony involving violent physical actions on the part of the Applicant or household member.
 - f) Conviction for any felonious crime within the last three (3) years of the applicant or household member
 - g) A pattern of convictions for felonious crimes during the last ten (10) years of the applicant or household member.
 - h) Three (3) or more convictions on misdemeanor charges within the last two (2) years of the applicant or household member
 - i) Any record of fraudulent behavior for five (5) years preceding the date of application while receiving housing assistance or public assistance of any kind. Applicant may have no record of housing related judgements including but not limited to unlawful detainers, conciliation court actions brought by a previous Landlord or damages or unpaid rent, and or foreclosures.

- j) Any record of Other Criminal Activity for five (5) years preceding the date of application that threatens the health, safety, and right to peaceful enjoyment of the property by other residents or the health and safety of the owner, employees, contractors, subcontractors, or agents of the owner.

4. If the Applicant has resided in Colorado for less than ten (10) years, out of state criminal background checks will be made.
5. By signing where indicated below, the Applicant consents to the release, to Senior Housing Options or its representative, of all information pertaining to the Applicant's criminal record.
6. In addition to signature, Applicant must include birthdate and Social Security number on this form.

I acknowledge that a telephonic facsimile (FAX) or photographic copy of this document shall be as valid as the original. This release enables most federal, state and county agencies to permit information about me to be released.

I hereby authorize, without reservation, any law enforcement agency, institution, or information service bureau contacted by Senior Housing Options or its representative to furnish the information.

Signature of Applicant (Required)

Date

Print Name (Required)

Birth Date (Required)

Social Security Number

Phone Number

Male

Female

Race/Ethnicity

Address: (Please do not give a Post Office Box)

City

County

State

Zip Code

If you have lived outside the State of Colorado in the last 10 years you must provide your prior address for out of State information requirements:

Address (do not use PO Box)

City

County

State

Zip Code

Phone number where you can be reached or left a message

**This document is available in other formats upon request. Signature still required*