



710 EAGLE AVENUE – PO BOX 1119

KREMMLING, CO 80459

970-724-3530

FAX 970-724-3813

TDD 1-800-659-2656

EMAIL [CLIFFVIEW@SENIORHOUSINGOPTIONS.ORG](mailto:CLIFFVIEW@SENIORHOUSINGOPTIONS.ORG)

[WWW.CLIFFVIEWASSISTEDLIVING.ORG](http://WWW.CLIFFVIEWASSISTEDLIVING.ORG)



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

### **CRIMINAL RECORDS CHECK DISCLOSURE AND CONSENT FORM-ACF**

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.
2. If the Applicant has resided in Colorado for less than five (5) years, out of state criminal background checks will be made for the last 10 years as available from prior state(s) of residency.
3. If criminal records check reveals that an Applicant has a criminal record of any of the following, the application for housing will be denied:
  - a) Any applicant that is currently engaged in illegal use of drugs or for which the owner has reasonable cause to believe that a applicant'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.
  - b) Any applicant who is subject to a state sex offender lifetime registration requirement. National sex offender registry search is conducted on all applicants.
  - c) If there is reasonable cause to believe that the applicant's behavior, from abuse or pattern of abuse of alcohol, may interfere with the health, safety, and right to peaceful enjoyment by other residents.
  - d) Any record of criminal history or violent criminal history including: murder, attempt to commit murder, threatening with a deadly weapon, sexual assault, crimes against an at risk adult for ten (10) years preceding the date of application including but not limited to charges and/or convictions, felonies and/or misdemeanors against other persons, property, or crimes that could pose serious risk to the safety of vulnerable adults.
  - e) Conviction (at any time) for a felony involving violent physical actions on the part of the applicant.
  - f) Three (3) or more convictions on misdemeanor charges within the last two (2) years of the applicant.
  - g) The applicant may be allowed residency if the conviction results in jail/prison time requirement is satisfied at least 5 years prior to the application decision, or if the conviction results in parole/probation requirement that is satisfied at least 5 years prior to the admission decision.

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

---

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 5 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*