

**Gastonia Housing Authority
340 West Long Avenue
Gastonia, North Carolina**

Permission Form
For
Re-certification Screening and Criminal Records Check

I, _____ hereby give permission to the Gastonia Housing Authority to obtain a criminal history on my behalf as apart of the application and re-certification screening and criminal records check process.

Applicant's Full Name: _____
(Last) (First) (Middle Name)

Maiden Name: _____

Other Name(s) Known By: _____

Address: _____

City: _____

State _____

Zip _____

Social Security Number: _____

Date of Birth: _____ / _____ / _____ City of Birth _____ State _____
(month) (date) (year)

Race: 1-White 2- Black 3- American Indian/Alaskan 4- Asian/Pacific Islander
(Please circle the appropriate race)

Ethnicity: 1- Hispanic 2- Non Hispanic **(Please circle the appropriate ethnicity)**

Gender: 1- Male 2- Female **(Please circle the appropriate gender)**

Signature: _____ Date: _____