

Phone: 888-338-1550  
Fax: 888-381-8531

WA. St. Dept. of Veterans Affairs (rep) \_\_\_\_\_

## Request For Conviction/Criminal History Record and Consumer Reports

Name: \_\_\_\_\_  
(Please Print) (First) (Middle) (Last)

Social Security Number: \_\_\_\_\_

Date of birth\*: \_\_\_\_\_ Place of birth: \_\_\_\_\_ (County and State, or Country)

DL# \_\_\_\_\_ State: \_\_\_\_\_

Height\*: \_\_\_\_\_ Weight\*: \_\_\_\_\_ Hair color\*: \_\_\_\_\_ Eye color\*: \_\_\_\_\_ Race\*: \_\_\_\_\_  
\*Used for identification only, not required.

Other names used and dates of use (including maiden name): 1. \_\_\_\_\_  
2. \_\_\_\_\_ 3. \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give details (date, crime, location). \_\_\_\_\_

Note: Disclosure of convictions does not automatically disqualify your application.

Current address: \_\_\_\_\_  
Number, Street, Apartment # (if any), City, State, Zip Code

Previous address: \_\_\_\_\_ Dates: \_\_\_\_\_  
Number, Street, Apartment # (if any), City, State, Zip Code

List addresses, cities, states and counties of residence you have lived for the past seven years.

<u>Address</u>	<u>City</u>	<u>State</u>	<u>County</u>	<u>From</u>	<u>To</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Signature below authorizes and requests any present or former employer, school, police department, financial institution, division of motor vehicles, or other persons or agencies having personal knowledge about me to furnish bearer with any and all information in their possession regarding me, in connection with a tenant application. I give permission that a photocopy of this authorization be accepted with the same authority as the original.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date