





**CRIMINAL & SEX OFFENDER BACKGROUND INFORMATION (CONTINUED)**

1. Have you been evicted from a federally assisted site for drug-related criminal activity within the past three years?  yes  no
2. Do you currently use illegal drugs or abuse alcohol?  yes  no
3. Are you currently subject to a lifetime registration requirement under a state sex offender registration program?  yes  no
4. Have you been convicted of any drug-related crime?  yes  no
5. Have you ever been convicted of any felony?  yes  no
6. Have you ever been convicted of any crime involving fraud or dishonesty?  yes  no
7. Have you ever been convicted of any crime involving violence?  yes  no
8. Are you currently charged with any of the above criminal activities?  yes  no
9. Please list all states in which you have lived or have held a licenses to drive (include Driver's License #s: \_\_\_\_\_  
 \_\_\_\_\_
10. Please list any other counties that you have lived in other than York County:  
 \_\_\_\_\_
11. Have you ever used or been known by any other name(s)?  yes  no  
 If yes, please list names used \_\_\_\_\_

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize York Towne House to verify the above information, and I consent to the release of the necessary information to determine my eligibility.

I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to York Towne House, to a public housing authority, or to an agency contracted by York Towne House to conduct criminal background checks.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Full Name (Please Print) \_\_\_\_\_

PLEASE NOTE: ADDRESS CHANGES MUST BE REPORTED IN WRITING WHEN THE CHANGE OCCURS. RETURNED MAIL WILL RESULT IN YOUR APPLICATION BEING REMOVED FROM THE WAITING LIST WITHOUT NOTICE.

I UNDERSTAND MY APPLICATION WILL NOT BE PROCESSED UNLESS ALL ITEMS ON ALL PAGES OF THE APPLICATION ARE COMPLETED AND SIGNED. I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I HAVE NO OBJECTION TO INQUIRIES FOR THE PURPOSE OF VERIFYING THE FACTS HEREIN STATED. I AUTHORIZE THE RELEASE TO THE YORK TOWNE HOUSE AND THE HOUSING AUTHORITY OF THE CITY OF YORK INFORMATION RELATIVE TO MY APPLICATION FORM. THIS AUTHORIZATION WILL CONTINUE IN FORCE AND EFFECT UNTIL TERMINATED IN WRITING BY THE UNDERSIGNED.

Signed \_\_\_\_\_ Date: \_\_\_\_\_

Signed \_\_\_\_\_ Date: \_\_\_\_\_



### TYPE OF ACCOMMODATIONS NEEDED

The York Towne House has units designed for those with physical impairments. Some apartments accommodate individuals requiring the use of a wheelchair, while others accommodate individuals with less severe mobility impairments. Please indicate below if you or your spouse requires a handicapped unit or wheelchair accessible unit.

- Yes, I require a unit which accommodates a wheelchair.
- Yes, I require a unit with special features for the mobility impaired.  
**(Does not include bath rails as special features)**
- No, I do not require the special features provided by a wheelchair accessible or handicapped unit.

Are there specific accommodations you or your spouse requires in order to live at the York Towne House?  No  Yes

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

In the space below you may provide any additional information about your situation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date