

**PORTLAND HOUSING AUTHORITY**  
Criminal Background Screening  
Applicant Authorization  
(please print clearly)

Applicant Full Name (including middle):	
Name Suffix:	
Street Number:	
Street Name:	
Apartment Number:	
City / State / Zip Code:	
County:	
Social Security Number:	
Date of Birth:	
Telephone Number:	

I hereby authorize the Portland Housing Authority to conduct a pre-volunteering criminal background and sex offender screening.

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

\_\_\_\_\_  
Signature

NOTE: This form must be printed and signed; digital signatures cannot be accepted.  
Once signed it can be scanned and emailed, faxed, or delivered to:

Portland Housing Authority  
14 Baxter Boulevard  
Portland, ME 04101  
  
Miranda Hanson  
mhanson@porthouse.org  
Fax (207) 879-4231