

CHARLOTTESVILLE REDEVELOPMENT  
AND HOUSING AUTHORITY



**REQUEST FOR DEBARMENT and CRIMINAL BACKGROUND CHECK**

INFORMATION TO BE SEARCHED:					
<b>NAME</b>	First		Last		Middle Initial/Maiden
	Race	Sex	Date of Birth		Social Security Number
<b>MAILING ADDRESS</b>	P.O. Box/Street			<b>PHYSICAL</b>	Street
	City/Town				City/Town
	State/Zip				State/Zip
<b>E-MAIL</b>					
<b>TELEPHONE NUMBERS</b>	Home		Work		Other
	Driver's License/ID Number		Expiration Date		
<b>ID INFORMATION</b>					

Explain why you are barred: \_\_\_\_\_  
\_\_\_\_\_

Explain why you want to be unbarred: \_\_\_\_\_  
\_\_\_\_\_

**AFFIDAVIT FOR RELEASE OF INFORMATION:** For the purpose of considering this application for removal from the Barment List, I hereby authorize CRHA and/or their appointed designee to obtain and/or receive any criminal history record pertaining to me which may be in any state within these United States or in any other country. The intent of this authorization is to give my consent for full and complete disclosure of criminal history records/information and request that the custodian of such records/information permit my records to be examined, copied or otherwise reviewed. Further, for the purpose of consideration of this request, I authorize CRHA to speak and obtain information from any parties with knowledge of the circumstance(s) related to my barment from CRHA owned properties.

\_\_\_\_\_  
Signature of Person Authorizing Release of Information      Date

**TO BE COMPLETED BY NOTARY PUBLIC:**

State of \_\_\_\_\_; County/City of \_\_\_\_\_, to wit: Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My Commission expires \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public