

I, \_\_\_\_\_, AS DEMONSTRATED BY MY SIGNATURE HAVE BEEN MADE AWARE OF NOTICE PIH 96-16, ISSUED APRIL 12, 1996, THE "ONE STRIKE AND YOU'RE OUT" SCREENING AND EVICTION GUIDELINES FOR PUBLIC HOUSING AUTHORITIES, (HA'S). **I HEREBY GRANT PERMISSION TO THE IRON COUNTY HOUSING COMMISSION TO SUBMIT MY NAME TO THE APPROPRIATE AGENCY TO DETERMINE ANY DRUG RELATED ACTIVITY, CRIME AND OR CREDIT REPORTING BY MYSELF OR A MEMBER OF MY FAMILY WITHIN THE LAST THREE (3) YEARS.** I AM AWARE THAT IN ORDER TO SECURE HOUSING ASSISTANCE IT IS REQUIRED THAT THIS SCREENING BE A PART OF THE APPLICATION PROCESS.

\_\_\_\_\_  
EXECUTIVE DIRECTOR

\_\_\_\_\_  
DATE

IT IS UNDERSTOOD THAT FAILURE TO COMPLY WITH THIS SCREENING SHALL DENY ACCESS TO FEDERAL HOUSING ASSISTANCE.

SCREENING PROCESS FOR DRUG ACTIVITY DRUG-RELATED BEHAVIOR AND  
CREDIT SEARCH

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FULL NAME INCLUDING MIDDLE NAME

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DATE OF BIRTH

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SEX

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SOCIAL SECURITY NUMBER

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DRIVER LICENSE NUMBER

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CURRENT ADDRESS

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CITY, STATE, ZIP CODE