

PORTSMOUTH METROPOLITAN HOUSING AUTHORITY

Security Department

Request for Removal from PMHA Barred List

DATE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

PLEASE READ:

A person named on the PMHA Barred List may request removal from the Barred List at any time after they have been placed on the list. The request will be reviewed by the appropriate authorities within PMHA. The decision to remove a name or not remove a name will be made according to the circumstances of each case. Completion of this form is required in order to be considered for removal from the barred list, but there is no guarantee that a name will be removed just because this form has been completed and submitted for review.

EXPLAIN WHY YOU THINK YOU SHOULD BE REMOVED FROM THE PMHA BARRED LIST:

Complete on other side

Request for Removal from PMHA Barred List

I understand that this is a request that will be reviewed by the appropriate authorities with PMHA and does not in any way represent a guarantee that my name will be removed from the barred list.

Background Check Disclosure and Authorization

In the interest of maintaining the safety and security of our tenants, employees, and property, Portsmouth Metropolitan Housing Authority may order a background report on you in connection with your application to be removed from the barred list. The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and current residential address. The types of information that may be ordered include but are not limited to: Social Security number verification; criminal, public, and any references provided. The information may be obtained from private and public record sources, including personal interviews with your associates, friends, and neighbors. The nature and scope of the most common form of investigative report is an investigation into your criminal and public records history.

BY SIGNING THIS FORM, YOU AUTHORIZE PMHA AND/OR ITS DESIGNATED THIRD PARTY TO CONDUCT A BACKGROUND CHECK.

Full Name: _____

Date of Birth: __/__/__

Signature: _____

Date: _____

Social Security Number: _____

Driver's License Number: _____

Issuing State: _____

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APPROVED

DISAPPROVED

Executive Director

Director of Housing Management

Director of Security