Form no. 04852BCV CS-HD 11/2024



Department of Community Services / Housing Division

Post Office Box 788 / Ada, OK 74821-0788 / (580) 421-8800 / Fax: (580) 421-8885

Background Check Verification

Please complete the top portion of this form and return with your application. You may take this form to your local law enforcement agency for completion or the Chickasaw Nation Housing Division will ensure that the background check is completed.

The individual listed below has applied for housing at the Chickasaw Nation Housing Division **(OK062029Q)**. Please furnish information on any possible felony arrests and/or convictions for the name listed below.

First	Middle	Last	Suffix
Social Security no.:			
Driver's license no.:			
Birth date:			
Housing division representative signature		Date	
I hereby authorize the release of the abo	ove-requested informatio	n:	
Applicant/tenant signature		Date	
☐ Our records indicate the following pos	ssible felony arrests or co	onvictions.	
Our records indicate the following pos	ssible felony arrests or co	Date	
Authorized official signature/title			
Authorized official signature/title			