



CUMBERLAND HOUSING

Unlocking the Doors for Your Future

CRIMINAL HISTORY/SEX OFFENDER AFFIDAVIT

As part of the screening process for the housing assistance program, all adult household members (18 year and older) are required to complete this affidavit. The answers provided on this affidavit are used to determine your eligibility for rental assistance benefits subsidized through the U.S. of Housing and Urban Development (HUD). As part of the screening process, any answers or documentation you provide as part of the application or recertification process is subject to verification. Failure to disclose any information and/or answer all the questions in the application, including questions on this form, fully and truthfully, may constitute grounds for denial or rejection of your application. In addition, making false statements on this affidavit is a crime and may result in CRIMINAL PROSECUTION.

FULL LEGAL NAME: _____

MAIDEN NAME OR ALIASES: _____

DATE OF BIRTH: _____ **SOCIAL SECURITY NUMBER:** _____

CURRENT ADDRESS: _____ **PREVIOUS ADDRESS:** _____

STREET: _____ **STREET:** _____

CITY: _____ **CITY:** _____

STATE, ZIP: _____ **STATE, ZIP:** _____

1. Have you ever been sited, arrested, or charged, for any crime (misdemeanor or felony) regardless of date, other than traffic violations? _____
2. Do you have a case pending for any crime (misdemeanor or felony), other than traffic violations? _____
3. Are you under indictment for any crime? _____
4. Have you ever been convicted of any crime (misdemeanor or felony), regardless of date, other than traffic violations? _____
5. Are you a fugitive from justice? _____

The Housing Authority of the City of Cumberland & Cumberland Housing Alliance, Inc.
635 East First Street, Cumberland, MD 21502-4362

Office 301-724-6606

Facsimile 301-724-8731

www.CumberlandHousing.org

6. If you answered "yes" to any of the questions listed above, do any of the charges, pending charges, indictments, arrests or convictions include drug-related, or violent crime-related offenses? _____
7. In the past five (5) years, have you ever been evicted or asked to vacate a public housing or other subsidized housing due to : (a) drug activity (b) alcohol abuse (c) Criminal activity (d) gang activity or (e) interfering with the health, safety, or right to peaceful enjoyment of the premises by other residents? _____
8. Are you currently on parole or probation? _____
9. Are you subject to registration as a Sex Offender? _____
10. Have you ever committed fraud in connection with any federally funded program (i.e. Housing, Social Security, Veterans Affairs, Medicaid/Medicare, welfare, food stamps, etc)? _____
11. Have you ever had to repay money to such a program or agency due to misrepresenting information? _____ Are you still paying? _____
12. Have you lost your assistance from such a program due to engaging in threatening or abusive or violent behavior toward the agency's personnel? _____

IF YOU ANSWERED "YES "TO ANY QUESTIONS, PLEASE EXPLAIN IN DETAIL:

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRADULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES. MAKING FALSE STATEMENTS IS ALSO A FELONY UNDER THE LAWS OF THE STATE OF MARYLAND.

I certify under penalty of perjury, that all the information contained in this affidavit is true and correct to the best of my knowledge, information and belief. I understand and acknowledge that falsifying information on this affidavit may result in denial of admission into the subsidized housing program or immediate termination of my housing assistance subsidy and/or criminal prosecution.

Name: _____ Date: _____

Signature: _____

YOUR SIGNATURE IS REQUIRED TO COMPLETE THIS AFFADAVIT