

350 Moody Street, P.O. Box 60 Lowell, MA 01853-0060

TEL: (978) 937-3500 | FAX: (978) 937-3725

TDD: 1 (800) 545-1833x178

www.lhma.org

The Lowell Housing Authority has been certified by the Criminal History Systems Board for access to conviction and pending criminal data. As an applicant/employee for the Lowell Housing Authority, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Applicant Signature		Date			
	APPLICA	NT INFORMATIO	N		
First Name					
Last Name					
Middle Name					
Suffix					
Maiden Name/Alias					
DOB (MM/DD/YYYY)					
Social Security Number					
Sex					
Height					
Eye Color					
Driver's License #			State of Is	sue	
Current Address					
	City		State	Zip	
	APPLICA	NT VERIFICATIO	N		
The above information was ve	rified by reviewing	the following forms	of governm	ent-issued identification:	
Requested by:					
CORI Authorized Employee F	Printed Name				
CORI Authorized Employee Signature			Date		