



Housing Choice Voucher Program
200 Ross Street, 7th Floor
Pittsburgh, PA 15219
412-456-5090, fax: 412-456-5224
www.hacp.org

Request for Tenancy Approval (RFTA) Packet Instruction Sheet

Please fill out the RFTA completely and make sure *all required documents are attached*. Initial HQS inspections are scheduled according to the date and time complete RFTAs packets are received by the HACP.

RFTA PACKETS WILL NOT BE CONSIDERED RECEIVED UNTIL ALL FORMS HAVE BEEN FILLED OUT COMPLETELY AND ALL REQUIRED DOCUMENTS HAVE BEEN RECEIVED BY THE HACP!

The instructions below explain how to complete each section of the RFTA packet.

Request for Tenancy Approval Form

1. For HACP use only.
2. Provide complete address of rental unit.
3. Enter date you are requesting the rental lease to begin.
4. Provide number of bedrooms in the unit.
5. Please enter the year the unit was first built.
6. The proposed monthly contract rent.
7. If requesting a security deposit from the tenant, enter this amount here.
8. The date the unit will be ready for HQS inspection. *Please note: this date **MAY BE NO LONGER THAN 10 DAYS** from the date the RFTA was submitted.*
9. Please indicate the type of structure you are renting. If you are unsure of the unit type, please refer to the Allegheny County Real Estate Portal for this information:
<http://www2.county.allegheny.pa.us/RealEstate/Search.aspx>
10. This section ONLY applies to properties receiving tax credit or other government subsidy.
11. Utilities and appliances: **ALL blocks MUST be filled in.**
 - Specify fuel type for heating, cooking and water heating by placing an X in the appropriate box.
 - In the "Provided by" column, write an "O" for Owner provided or "T" for Tenant provided utilities.
 - In the "Paid by" column, please indicate which party is responsible for paying each type of utility bill with an "O" for Owner or a "T" for Tenant.
11. A. Landlord/Owner - Receipt of Paid local real estate taxes, water & sewage must be submitted with the RFTA or RFTA will not be accepted.

12. Owner's Certifications:

- A. This section ONLY applies to structures with 4 units or more.
- B. Please read. By signing the RFTA form, you agree that this statement is true.
- C. Please place an "X" on the line next to the appropriate lead-based paint statement for your property.

The RFTA form MUST be signed by both the Owner and Tenant. Missing signatures or incomplete forms WILL DELAY PROCESSING OF THE RFTA AND SCHEDULING YOUR INITIAL INSPECTION!

Owner Certification

- Please provide the complete address for the rental property.
- If no real estate or school taxes are due to the City of Pittsburgh or Allegheny County, **AND** you do not owe any outstanding amounts to the Pittsburgh Water & Sewer Authority or ALCOSAN, please sign and date "**1. Certification of Payment**".
- If past real estate or school taxes are owed to the City of Pittsburgh or Allegheny County, **OR** you have outstanding amounts with the Pittsburgh Water & Sewer Authority or ALCOSAN **AND** have entered into a payment plan approved the proper authority(ies), please complete, sign and date, "**2. Certification of Approved Payment Plan**". *Be sure to submit copies of the approved payment plans when submitting the RFTA packet.*

Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards

- This form can be found on the back of the Owner Certification form.
- For Sections A through E, check the box next to the appropriate statement. Be sure to include additional information where required.
- Copies of the pamphlet, *Protect Your Family from Lead in Your Home*, may be collected from the Housing Authority of the City of Pittsburgh.
- Both the Owner and Tenant must sign and date the form.

Request for Taxpayer Identification Number and Certification

- Please complete each section of the form, including your signature and date.
- Instructions for completing the W-9 form may be found on the IRS website: <http://www.irs.gov/pub/irs-pdf/iw9.pdf>.

Authorization for Criminal Background Check for Section 8 Landlords

- Complete each section as required. If you have no prior criminal record(s), please leave that section blank.
- You **MUST** provide copies of your driver's license and social security card when submitting the form.
Missing identification will delay RFTA processing and scheduling your initial inspection.

Request for Tenancy Approval

Housing Choice Voucher Program

U.S Department of Housing and Urban Development

Office of Public and Indian Housing

OMB Approval No. 2577-0169

exp. 7/31/2022

The public reporting burden for this information collection is estimated to be 30 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The Department of Housing and Urban Development (HUD) is authorized to collect the information on this form by Section 8 of the U.S. Housing Act (42 U.S.C. 1437f). Form is only valid if it includes an OMB Control Number. HUD is committed to protecting the privacy of individuals' information stored electronically or in paper form, in accordance with federal privacy laws, guidance, and best practices. HUD expects its third-party business partners, including Public Housing Authorities, who collect, use maintain, or disseminate HUD information to protect the privacy of that information in Accordance with applicable law.

When the participant selects a unit, the owner of the unit completes this form to provide the PHA with information about the unit. The information is used to determine if the unit is eligible for rental assistance. HUD will not disclose this information except when required by law for civil, criminal, or regulatory investigations and prosecutions.

1. Name of Public Housing Agency (PHA)			2. Address of Unit (street address, unit #, city, state, zip code)		
3. Requested Lease Start Date	4. Number of Bedrooms	5. Year Constructed	6. Proposed Rent	7. Security Deposit Amt	8. Date Unit Available for Inspection
9. Structure Type			10. If this unit is subsidized, indicate type of subsidy:		
<input type="checkbox"/> Single Family Detached (one family under one roof) <input type="checkbox"/> Semi-Detached (duplex, attached on one side) <input type="checkbox"/> Rowhouse/Townhouse (attached on two sides) <input type="checkbox"/> Low-rise apartment building (4 stories or fewer) <input type="checkbox"/> High-rise apartment building (5+ stories) <input type="checkbox"/> Manufactured Home (mobile home)			<input type="checkbox"/> Section 202 <input type="checkbox"/> Section 221(d)(3)(BMIR) <input type="checkbox"/> Tax Credit <input type="checkbox"/> HOME <input type="checkbox"/> Section 236 (insured or uninsured) <input type="checkbox"/> Section 515 Rural Development <input type="checkbox"/> Other (Describe Other Subsidy, including any state or local subsidy) _____		

11. Utilities and Appliances

The owner shall provide or pay for the utilities/appliances indicated below by an "O". The tenant shall provide or pay for the utilities/appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and provide the refrigerator and range/microwave.

Item	Specify fuel type	Paid by
Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Heat Pump <input type="checkbox"/> Oil <input type="checkbox"/> Other	
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Other	
Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Other	
Other Electric	<div style="background-color: yellow; padding: 10px; border: 1px solid black;"> <h2>Landlord / Owner</h2> <p>Please submit verification of PAID state or local real estate taxes, fines, or assessments, as well as water and sewage with this request. The inspection will not be processed without this important information. If you are not able to meet your total tax obligation, proof that you have entered into a repayment agreement with the City/Council will also stop payment abatement of your properties.</p> </div>	
Water		
Sewer		
Trash Collection		
Air Conditioning		
Other (specify)		
Refrigerator		
Range/Microwave		

12. Owner's Certifications

- a. The program regulation requires the PHA to certify that the rent charged to the housing choice voucher tenant is not more than the rent charged for other unassisted comparable units. Owners of projects with more than 4 units must complete the following section for most recently leased comparable unassisted units within the premises.

Address and unit number	Date Rented	Rental Amount
1.		
2.		
3.		

- b. The owner (including a principal or other interested party) is not the parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving leasing of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

- c. Check one of the following:

- Lead-based paint disclosure requirements do not apply because this property was built on or after January 1, 1978.
- The unit, common areas servicing the unit, and exterior painted surfaces associated with such unit or common areas have been found to be lead-based paint free by a lead-based paint inspector certified under the Federal certification program or under a federally accredited State certification program.
- A completed statement is attached containing disclosure of known information on lead-based paint and/or lead-based paint hazards in the unit, common areas or exterior painted surfaces, including a statement that the owner has provided the lead hazard information pamphlet to the family.

13. The PHA has not screened the family's behavior or suitability for tenancy. Such screening is the owner's responsibility.

14. The owner's lease must include word-for-word all provisions of the HUD tenancy addendum.

15. The PHA will arrange for inspection of the unit and will notify the owner and family if the unit is not approved.

Print or Type Name of Owner/Owner Representative		Print or Type Name of Household Head	
Owner/Owner Representative Signature		Head of Household Signature	
Business Address		Present Address	
Telephone Number	Date (mm/dd/yyyy)	Telephone Number	Date (mm/dd/yyyy)

Owner Certification

PAYMENT OF REAL ESTATE TAXES AND OTHER ASSESSMENTS

Property:

(Please list address of the property requested for approval):

COMPLETE THE SECTION THAT APPLIES:

1. Certification of Payment

(Owner's certification of no outstanding payments due)

I, _____ **[Print Name]**, hereby certify that for the above described property, as of this date, I do not owe any over-due payment for the real estate or school taxes to the City of Pittsburgh, or the County of Allegheny; nor do I owe any outstanding amounts to the Pittsburgh Water & Sewer Authority or ALCOSAN.

Signature

Date

O r . . .

2. Certification of Approved Payment Plan

(Owner's certification of approved payment plan)

I, _____ **[Print Name]**, hereby certify that for the above described property, as of this date, I do not owe any over-due payment for real estate or school taxes to the City of Pittsburgh, or the County of Allegheny; nor do I owe any outstanding amounts to the Pittsburgh Water & Sewer Authority or ALCOSAN, EXCEPT that I have entered into a payment plan approved by the proper authority(ies) for the following taxing body(ies) and/or municipal utility entity(ies) (list all that apply):

NOTE: A copy of each approved payment plan must be submitted with this Owner's Certification.

Signature

Date

Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards

Lead Warning Statement

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

Lessor's Disclosure

(a) Presences of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

(i) _____ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

(ii) _____ Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the lessor (check (i) or (ii) below).

(i) _____ Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

(ii) _____ Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Lessee's Acknowledgement (Initial)

(c) _____ Lessee has received copies of all information listed above.

(d) _____ Lessee has received the pamphlet *Protect Your Family from Lead in Your Home*.

Agent's Acknowledgement (Initial)

(e) _____ Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4852(d) and is aware of his/her responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify to the best of their knowledge that the information they have provided is true and accurate.

Lessor Date

Lessor Date

Lessee Date

Lessee Date

Agent Date

Agent Date

Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give Form to the
requester. Do not
send to the IRS.**

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>		<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p>6 City, state, and ZIP code</p> <hr/> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p> <hr/>	

Part I Taxpayer Identification Number (TIN)																																																																			
<p>Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i>, later.</p> <p>Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.</p>	<p>Social security number</p> <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> </tr> <tr> <td colspan="3">-</td> <td colspan="3">-</td> <td colspan="3"></td> <td colspan="3"></td> </tr> </table> <p>OR</p> <p>Employer identification number</p> <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> </tr> <tr> <td colspan="12">-</td> <td colspan="3"></td> <td colspan="3"></td> <td colspan="3"></td> </tr> </table>													-			-																														-																				
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Part II Certification	
Under penalties of perjury, I certify that:	
<p>1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and</p> <p>2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and</p> <p>3. I am a U.S. citizen or other U.S. person (defined below); and</p> <p>4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.</p>	
<p>Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.</p>	
Sign Here	<p>Signature of U.S. person ▶ _____</p> <p style="text-align: right;">Date ▶ _____</p>

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



Housing Choice Voucher Program
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412-456-5090; fax: 412-456-5224
<http://www.hacp.org>

OWNER/AGENT: Please detach the last page and keep for reference until a contract is fully executed.

REQUEST FOR LEASE APPROVAL

(BASIC INFORMATION SHEET)

In order for your unit to be approved for participation in the Section 8 Voucher Program, **this form must be completely filled out and returned to the Housing Authority of the City of Pittsburgh (HACP) or we will not schedule an inspection. The resident will be responsible for returning this signed form to the HACP before the anticipated date of occupancy of the new unit.** The HACP will begin payments to the owner when the unit has passed Housing Quality Standards (HQS) inspection and the lease has been signed by both the landlord and tenant. **However, there are several things that must be taken into consideration by owners of units being considered for the Program before they enter into a contract. Please carefully read the following:**

1. **Moving in Before Lease Approval:** Although tenancy may not have been approved by the HACP, residency often occurs beforehand. *Any arrangements for occupancy are strictly between the owner and the resident.* Once the unit has been inspected and approved by the HACP, the contract rent and tenant portion will be determined and the lease and contract can be made effective. No rent will be paid prior to the unit passing Section 8 HQS inspection and the contract being fully executed. Payments are scheduled to be made bi-monthly on the 1st or 16th of each month.
2. **References and Screening:** It is strongly advised that owners screen prospective residents and obtain references from previous owners as to housekeeping and rent paying history. Site visits of the prospective tenant's current residence may be a useful tool in measuring housekeeping habits. *The HACP does not screen residents.* We merely certify their eligibility to receive assistance under our programs.
3. **Units Built Prior to 1978:** In the case of a unit built prior to 1978, for a family that includes a child under six (6) years old, the unit must be in compliance with the HUD Lead-Paint Regulation 24CFR Part 35.24 which requires all interior surfaces and those exterior surfaces readily accessible to a child under six (6) years of age, such as walls, stairs, decks, porches, railings, windows, doors and trim work, be free of any cracking, scaling, peeling, chipping or loose paint. The purpose of this regulation is to eliminate as far as practical the hazard of lead-based paint poisoning. All surfaces requiring treatment must be properly prepared to assure all defective paint has been removed. Surfaces must then be covered with a durable material to prevent further contamination.

Detailed information concerning proper removal and treatment procedures can be obtained by contacting the HACP Section 8, Housing Choice Voucher Program Department.

4. **Tax I.D. No. (W-9):** This information must be submitted for the person who will be receiving the IRS Form 1099 at the end of the year. Please use either the owner's personal I.D. No.; if a corporation, business or partnership, please use the respective Federal Tax I.D. No.

RESTRICTIONS ON LANDLORD APPROVALS

Please note HACP will not approve an Owner if:

- The federal government succeeded in, or has a pending action against the owner for violation of the Fair Housing Act or other federal equal opportunity requirements.
- The owner has ever violated obligations under a HAP contract, and/or committed fraud, bribery or any other corrupt or criminal act in connection with any federal housing program.
- The owner has engaged in any drug-related criminal activity or any violent criminal activity.
- The owner has a history or practice of non-compliance with the HOS for units leased under the tenant-based programs, and/or a history or practice of renting units that fail to meet State or local housing codes.
- The owner has a history or practice of failing to terminate tenancy of tenants of units assisted under any federally assisted housing program for activity engaged in by the tenant, any member of the household, a guest or another person under the control of any member of the household as prescribed under the program rules.
- The owner has not paid State or local real estate taxes, fines or assessments.
- The owner is the parent, child, grandparent, grandchild, sister, or brother of any member of the family, unless HACP determines that approving the unit would provide reasonable accommodation for a family member who is a person with disabilities.



Occupancy Department
 100 Ross Street, 4th Floor
 Pittsburgh, PA 15219
 412-456-5030, Fax: 412-456-5182
 TDD: 412-201-5384
 www.hacp.org

**AUTHORIZATION FOR CRIMINAL BACKGROUND CHECK
 FOR
 SECTION 8 LANDLORDS**

I, _____, do hereby authorize the Housing Authority of the City of Pittsburgh to access/obtain, from any person, agency or service, regarding my background which may assist in determining whether I have any criminal history.

I understand that this information will be used to determine my eligibility for participating as a landlord in the **Housing Choice Voucher Program**.

I understand that signing this authorization in no way guarantees my eligibility for participating as a landlord in the **Housing Choice Voucher Program**.

My full name is: _____
Any alias names used: _____
Date of birth: _____
Any alias date of birth: _____
Social Security number: _____
Any alias social security number: _____
Address, city, state, and zip code: _____

Criminal Record: Please list **ALL** offenses and arrest regardless of disposition, city/county/state of offense or date of offense. (If additional space is needed, please request an additional form(s) from the Section 8 Department).

<u>Offense</u> (All offenses at arrest)	<u>Date</u> (Of arrest)	<u>Plead</u> (Guilty/Not guilty)	<u>Disposition</u> (Judge/Sentence)	<u>State/County</u> (Of offense)
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Probation Office (County, State, or Federal)

Counselor/Social Worker

Name: _____
 Agency: _____
 Address: _____

 Telephone: _____

Name: _____
 Agency: _____
 Address: _____

 Telephone: _____

ARE YOU REQUIRED TO REGISTER UNDER MEGAN'S LAW IN (ANY) STATE? YES ___ NO ___

The information provided is true and correct to the best of my knowledge; information and belief. understand that any false statement made therein, are subject to the penalties of 18 PA. C.S.S. 4904 relating to unsworn falsification to authorities.

I understand that I may be required to provide verification of any information requested regarding a criminal history.

Signed: _____
 Printed: _____
 Date: _____