



**BOSTON HOUSING AUTHORITY**

Leased Housing  
52 Chauncy Street  
Boston, MA 02111

Phone: (617) 988-4000  
TDD: 1-800-545-1833, EXT.420  
www.BostonHousing.org

Entity ID# :

**CORI Request Form**

The Boston Housing Authority has been certified by the Criminal History System Board for access to conviction data and pending criminal case data. As an applicant for the purpose of Section 8 program participant selection only, 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. I certify that the information below is correct to the best of my knowledge. Signed under the pains and penalties of perjury.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Suffix

\_\_\_\_\_  
Maiden Name or other name(s) by which you have been know

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Last six Digits of Your Social Security Number: \_\_\_\_\_ - \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Eye Color: \_\_\_\_\_

Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_

\_\_\_\_\_  
Mother's Full Maiden Name

\_\_\_\_\_  
Father's Full Name

**Current and Former Address:**

\_\_\_\_\_  
Street Number & Name City/Town State

\_\_\_\_\_  
Street Number & Name City/Town State

----- For BHA Use Only -----

The above information was verified by reviewing the following form(s) of government-issued identification:

AKA Last #1 \_\_\_\_\_ AKA Last #2 \_\_\_\_\_ AKA Last #3 \_\_\_\_\_ AKA First \_\_\_\_\_

Any other aliases \_\_\_\_\_

**VERIFIED BY:**

\_\_\_\_\_  
Name of Verifying Employee (Please Print)

\_\_\_\_\_  
Signature of Verifying Employee