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**LAC VIEUX DESERT BAND OF LAKE SUPERIOR CHIPPEWA INDIANS**

**LAC VIEUX DESERT HOUSING**

**E23960 Poplar Dr, PO Box 249 • Watersmeet, MI 49969**

**Phone: 906-358-4577 Fax: 906-358-4189**



**CONFIDENTIAL**

**Background Check Authorization**

**Must Be Completed By All**

**Household Members Over 18 Years Old**

**Print Name** \_\_\_\_\_

(First)

(Middle)

(Last)

**Previous Name(s) and Dates Used:** \_\_\_\_\_

**Current Address Since:** \_\_\_\_\_

(Mo/Yr.)

(Street) (City)

(Zip) (State)

**Previous Address From:** \_\_\_\_\_

(Mo/Yr.)

(Street) (City)

(Zip) (State)

**Previous Address From:** \_\_\_\_\_

(Mo/Yr.)

(Street) (City)

(Zip) (State)

**Social Security Number:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Driver's License Number/State:** \_\_\_\_\_

The Information contained in this application is correct to the best of my knowledge.

I hereby authorize the Lac Vieux Desert Housing Department and its designated agents and representatives to conduct a comprehensive review of my background causing a report and/or an investigative report to be generated for Housing purposes. I understand that the scope of the report/investigative report may include, but is not limited to the following areas: verification of social security number, credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to The Lac Vieux Desert Housing Department or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. The Lac Vieux Desert Housing Department and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth. The applicant will have an opportunity to dispute the accuracy and relevance of the results.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Housing Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ORI (MIDI0029Q)**