



DRUG AND / OR VIOLENT CRIMINAL ACTIVITY CONSENT FORM

By signing below, I give my consent to Metropolitan Boston Housing Partnership, Inc. (MBHP), to obtain information from law enforcement agencies (including but not limited to the MA Criminal History Systems Board, police departments, probation departments) relating to any drug related or violent criminal activity.

I understand that if MBHP determines that I as an adult family member have participated in drug related or violent criminal activity the family (and/or live-in-aide) may be denied eligibility, the opportunity to transfer, or be terminated from the MBHP Rental Assistance Program.

Signatures:

_____	_____
Head of Household	Date
_____	_____
Other Adult Family Member	Date
_____	_____
Other Adult Family Member	Date
_____	_____
Other Adult Family Member	Date
_____	_____
Live-in-aide	Date

The above consent expires 27 months after the date signed.

To Head of Household: You may be terminated from the MBHP Rental Assistance Program if you or another adult family member and/or live-in-aide is involved with drug related or violent criminal activity.