



DRUG AND / OR VIOLENT CRIMINAL ACTIVITY CONSENT FORM

By signing below, I give my consent to Metro Housing|Boston, 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 Metro Housing|Boston 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 Metro Housing|Boston 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 Metro Housing|Boston Rental Assistance Program if you or another adult family member and/or live-in-aide is involved with drug related or violent criminal activity.