



Welcoming Families Since 1962

GEORGETOWN HOUSING AUTHORITY

139 Scroggin Park, Georgetown, KY 40324
J. Thomas Wilson, PHM, Executive Director

SEX OFFENDER REGISTRATION

_____	_____
Printed Name	Signature
Social Security Number: _____	Date of Birth: _____
Are you subject to a sex offender registration in any state?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, what state(s)? _____	

_____	_____
Printed Name	Signature
Social Security Number: _____	Date of Birth: _____
Are you subject to a sex offender registration in any state?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, what state(s)? _____	

_____	_____
Printed Name	Signature
Social Security Number: _____	Date of Birth: _____
Are you subject to a sex offender registration in any state?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, what state(s)? _____	

(GHA Staff Use only)

Date Checked: _____

GHA Staff Person: _____

WEB SITE CHECKED:

- <http://www.nsopw.gov>
- <http://www.kspsor.state.ky.us>

Were there any hits for any household members? YES NO If yes, who? _____

“If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please direct your request for reasonable accommodations, in writing, to the housing authority administrative office, attention: Tom Wilson.”

