

<b>DAVID CITY HOUSING AUTHORITY</b> 1125 3 <sup>RD</sup> STREET DAVID CITY, NE 68632 Telephone 402-367-3587 Fax 402-367-3641	<b>GRESHAM HOUSING AUTHORITY</b> 120 MAUD – PO BOX 224 GRESHAM, NE 68367 Telephone 402-735-7292 Fax 402-367-3641
<b>FRIEND HOUSING AUTHORITY</b> 1027 2 <sup>ND</sup> STREET FRIEND, NE 68359 Telephone (402) 947-6371 Fax (402) 367-3641	<b>STROMSBURG HOUSING AUTHORITY</b> 517 E 7 <sup>TH</sup> St #100 STROMSBURG, NE 68666 Telephone (402) 764-6521 Fax (402) 367-3641

**CRIMINAL BACKGROUND REQUEST**

TO: \_\_\_\_\_ FROM: David City Housing Authority  
ORI#NB012019Q  
Friend Housing Authority  
Gresham Housing Authority  
Stromsburg Housing Authority

Federal regulation, under the Federal Housing Law, require the Housing Authority (HA) to verify arrest records, criminal and drug-related activities of prospective or present clients of the HA, for subsidized housing by Federal funds. The Federal Government, through the Department of Housing and Urban Development, has mandated that HA verify whether clients have or have not been cited or convicted of violent criminal activity and/or drug-related criminal activity, including the illegal manufacture, sale, distribution, use or possession with intent to manufacture, sell, distribute or use a controlled substance, or is on the Federal Sex Offender list. As a result, the HA is seeking information from local, county, state, and/or federal law enforcement agencies to determine eligibility for housing assistance. Information provided will be used to determine eligibility for housing assistance **only**. Clients may be requested to complete finger printing.

\_\_\_\_\_  
Renee Williams, Executive Director Date

**AUTHORIZATION TO RELEASE INFORMATION**

LAST NAME	FIRST NAME	MIDDLE NAME	MAIDEN NAME

ALIAS USED	ALIAS USED	ALIAS USED	ALIAS USED

DATE OF BIRTH	AGE	DRIVER'S LICENSE #	DRIVER'S LICENSE STATE	SOCIAL SECURITY #

I hereby give my consent to release any criminal background records to the Housing Authority.

\_\_\_\_\_  
Client Signature Date

**LAW ENFORCEMENT AGENCY REPORT**

The following information for the above-named individual is based on criminal report data available to our agency. The report provided herein has not been authenticated through fingerprinting.

LIST CHARGES and/or CONVICTIONS INVOLVING VIOLENT and/or DRUG-RELATED ACTIVITY	DATE
LIST ANY ARREST RECORDS (include CHARGES and/or CONVICTIONS)	DATE
IS THIS PERSON ON THE REGISTERED SEX OFFENDER LIST?	[ ] YES [ ] NO

\_\_\_\_\_  
Signature of Law Enforcement Agency Representative

\_\_\_\_\_  
Date