



CRIMINAL BACKGROUND CHECK RELEASE FORM

The Housing Alliance HTX, officially known as the Houston Housing Authority (hereinafter the "Agency"), requires all applicants or participants (Head of Household and listed household members 18 and older) to submit to a criminal background screening in accordance with Federal law and Agency program requirements. The background screening may be conducted prior to admission, prior to moves, or at any time during participation in an Agency program for the purposes of determining your initial or continuing eligibility. The Agency will exercise all rights according to HUD guidelines to deny or evict any applicant or tenant who fails the background screening according to the Agency's policies and procedures. Federal law requires you to cooperate by supplying information regarding the criminal activity of any adult members of your household.

*****Warning: 18 USC 1001 provides that any individual who knowingly and willfully falsifies, conceals, or covers up a material fact, or; makes any materially false, fictitious, or fraudulent statement or representation; or makes or uses any false writing or document knowing the same to contain and materially false, fictitious, or fraudulent statement or entry shall be fined no more than \$10,000 or imprisoned for not more than five years, or both.**

Last Name: _____ First Name: _____ Middle: _____

Date Of Birth (mm/dd/yyyy) ____/____/____ SS#: _____ Gender: _____

DL / ID# and State _____ Any names used other than listed above: _____

List all counties and states you have lived in during the last five (5) years: _____

1. Have you been arrested or convicted within the **past five (5) years** of **any misdemeanor or felony** offense, or do you have any pending criminal charges? Include any charges for which you are currently on deferred adjudication, but do not include minor traffic offenses [such as parking tickets] or moving violations [such as speeding]. (____) YES (____) NO
2. If you answered **yes** to Question #1 please provide the below information for ALL charges and/or convictions within the past five (5) years. If more space is needed, please attach an additional page.

Charge	Status/Outcome	County/State

3. Are you subject to a registration requirement under any State sex offender registration program? (____) YES (____) NO

4. If you answered yes to Question #3, please identify the State(s) of registration: _____

By executing this form, I acknowledge that I am giving consent for (1) any law enforcement agency to release criminal conviction records concerning me to the Agency and (2) the Agency to receive the criminal conviction records from a law enforcement agency for use in accordance with 24 CFR, Part 5, Subpart J. This consent remains effective as long as I am: (1) an active applicant seeking admission to an Agency program or (2) an active participant in an Agency program. I certify that the above information and answers provided are true and correct. I also understand that if any of this information is found to be false, my application may be denied or my program participation may be terminated at any time.

Applicant Signature: _____ **Date:** _____

(For Office Use Only)

Program: PHO (Property: _____) HCV VASH EHV

Reason for background check: New Applicant Recertification Other (specify) _____

Please return results to: Name: _____ Title: _____