

**FORT PAYNE HOUSING AUTHORITY  
HCV PROGRAM**

**203 13<sup>th</sup> Street N.W., Fort Payne, Alabama 35967**

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**MANDATORY PROHIBITION FOR LIFETIME REGISTERED  
SEX OFFENDERS AUTHORIZATION AND CERTIFICATION FORM**

I hereby certify that I am not subject to a lifetime registration requirement under a State Sex offender registration program.

I, understand that I must supply information for a Criminal History Check by Law Enforcement Agencies, whether City, County, State or Federal Agency, Department of Bureau, including fingerprints if deemed necessary by the Housing Authority to determine whether I am subject to a lifetime sex offender registration requirement in the State where the housing is located and in other States where I am know to have resided.

I understand and realize that the information so released ma prove unfavorable to me. I agree to hold any source of information blameless for any error in reporting this information. I release all persons whoever from any liability arising out of or resulting from the release of this information.

I authorize the Housing Authority of the City of Fort Payne, Alabama to search the Sex Offender Registration database from each State that I have resided in and the State where the housing is located.

List all last names that you have used since 18 years old: \_\_\_\_\_

\_\_\_\_\_

List all States that you have resided in since 18 years old: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
PHA Representative

\_\_\_\_\_  
Date