

**THE HOUSING AUTHORITY OF THE  
CITY OF FORT PAYNE, ALABAMA**

203 13<sup>TH</sup> STREET NW, FT. PAYNE, AL 35967  
PHONE: 256-845-0424 FAX: 256-845-7825

**FPHA STAFF ONLY**

Fingerprints Completed:  Date: \_\_\_\_\_

CHECK ONE: Approved:  Denied:

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**REQUEST FOR LOCAL/COUNTY CRIMINAL HISTORY  
FINGERPRINT/CRIMINAL HISTORY REPORT RELEASE FORM**

In accordance with the agreement between the U.S. Department of Housing and Urban Development and the U.S. Department of Justice, a copy of which is on file with the Fort Payne Housing Authority and the Local Law Enforcement Agency, the FPHA hereby request that the Local Law Enforcement Agency, relating to access to National Crime Information Center Data, (NCIC), conduct a search to determine whether or not the below person has a criminal history record.

Name \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_ SEX: (Male/Female) RACE: \_\_\_\_\_

Address \_\_\_\_\_

Place of Birth: \_\_\_\_\_ ALL other States you have resided in: \_\_\_\_\_

ALL other LAST NAMES/ALIAS NAMES you have used: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

I hereby authorize any law enforcement agency, to release any information in their files to conduct an NCIC/FBI check under the above name or other information supplied by me, including fingerprints submitted by the FPHA via FBI LIVE SCAN. IF IT IS DETERMINED THAT A CRIMINAL RECORD MAY EXIST OR I AM FINGERPRINTED FOR FURTHER CRIMINAL RECORD CHECKS, MY APPLICATION WILL BE DELAYED UNTIL THE NCIC REPORT HAS BEEN RECEIVED AND REVIEWED BY THE HOUSING AUTHORITY. I agree to submit to fingerprinting to be forwarded to the Identification Division of the Alabama Department of Public Safety or FBI via FBI LIVE SCAN if required by the Housing Authority. I release all persons whoever from any liability arising out of or resulting from the release of this information. THIS FORM OR A COPY OF THIS FORM MAY BE SENT TO THE APPROPRIATE LAW ENFORCEMENT AGENCY AS NEEDED BY THE HOUSING AUTHORITY.

*I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. FPHA DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, AND NATIONAL ORIGIN, ANCESTRY, SEXUAL ORIENTATION, AGE, FAMILIAL STATUS, OR PHYSICAL OR MENTAL DISABILITY IN THE ACCESS TO ITS PROGRAMS OR IN ITS ACTIVITIES, FUNCTIONS OR SERVICES. I UNDERSTAND THAT THE PERSONAL INFORMATION ABOVE WILL BE USED SOLEY FOR THE PURPOSES OF ACCESSING MY CRIMINAL/ARREST RECORDS FOR ELIGIBILITY SCREENING AND VERIFYING THAT THE DATA COLLECTED IS THAT OF MY OWN.*

Signature of Applicant/Tenant \_\_\_\_\_ Date \_\_\_\_\_

***\*THIS SIGNATURE FOR RELEASE OF INFORMATION IS VALID FOR UP TO 15 MONTHS DUE TO POSSIBLE APPLICATION WAITING LISTS***

We would greatly appreciate your prompt return of this letter. You may fax the completed form back to (256) 845-7825, or email to [fpha@farmerstel.com](mailto:fpha@farmerstel.com). If you have any questions, please call 256-845-0424.

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**TO BE COMPLETED BY LAW ENFORCEMENT AND RETURNED TO FPHA**

\_\_\_\_\_ There is **NO** information in the County/Local Law Enforcement Agency for the above named person.

\_\_\_\_\_ There is a criminal record of the named person.

\_\_\_\_\_ Person listed above needs NCIC Background Check

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

Law Enforcement Representative Signature \_\_\_\_\_

Date \_\_\_\_\_