



# Alachua County Housing Authority

703 N.E. 1<sup>st</sup> Street · Gainesville, FL 32601  
(352) 372-2549 · Fax (352) 373-4097

## Authorization to Obtain Criminal Background Records

**Requesting Agency:** Alachua County Housing Authority (ACHA)  
703 N.E. 1<sup>st</sup> Street  
Gainesville, FL 32601

\_\_\_\_\_  
Name

\_\_\_\_\_  
Maiden Name (if applicable)

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

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

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

*Are you the head of household? If not please list his or her name below:*

\_\_\_\_\_

**Authority:** Title 24 Part 5 Section 903 of the Code of Federal Regulations authorizes any Public Housing Authority that administers the Housing Choice Voucher Program and/or a public housing program to obtain criminal conviction records from a law enforcement agency, defined in Section 902.

**Purpose:** In signing this consent form, you allow the Alachua County Housing Authority (ACHA) to request and obtain any and all records concerning my criminal background/conviction records including but not limited to local law enforcement agencies, NCIC records, FL Department of Law Enforcement (FDLE), and in any other state(s) in which I have lived, and the records of any state(s) sex Offender registration.

**Use of Information:**

- Initial screening of applicants for the Public Housing and/or Housing Choice Voucher Program;
- Determination of continued eligibility for housing assistance;
- Enforcement of leases and eviction of residents;

**Consent:** I consent to allow ACHA to request and obtain criminal background/conviction records from law enforcement agencies for the purpose of verifying my eligibility and/or continued assistance for the Public Housing or Housing Choice Voucher Program. **This consent form expires 24 months from the signature date below.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date