

## Criminal Records Management Policy

### Housing Authorities of Guin, Hackleburg, Bear Creek & Winfield (hereafter referred to as HA)

All adult applicants and tenants shall complete an Authorization for Release of Police Record (See Attached). The HA shall request an National Crime Information Center (NCIC) check for criminal history for an applicant or tenant (See Attached). Applicants and tenants may be requested to furnish fingerprints for this purpose through the local law enforcement office to be sent to the FBI. NCIC information shall be furnished to the HA pursuant to the agreement between the U.S. Department of Housing and Urban Development and the U. S. Department of Justice Regarding Access to National Crime Information Center Data.

For the purpose of screening applicants, lease enforcement and eviction the HA or its Agents will attempt to obtain NCIC reports and any police records from law enforcement agencies related to a persons criminal conviction records for persons eighteen (18) years of age or older. The HA may also request this information for juveniles, to the extent that the release of such information is not prohibited by State, local, or tribal laws.

Before the HA takes any adverse action based on a criminal conviction record, the HA or its Agents must provide the applicant or tenant with an opportunity to dispute the accuracy or relevancy of the record. The hearing is afforded to each applicant that is denied admission and provides the applicant the opportunity to dispute any information used to deny an applicant admission to public housing.

The HA will keep all criminal records received confidential and not misuse or improperly disseminate the information. Criminal records of any adult applicant/tenant which are used as the basis of denying tenancy or eviction are confidential and shall not be disclosed to any person or entity other than for official use or for use in court proceedings. The term adult means a person who is 18 years of age or older, or who has been convicted of a crime as an adult under any Federal, State, or tribal law. **Said records shall be maintained in separate files and shall be kept in a locked, secure location.** Access shall be limited to:

#### Authorization

Employee Name	Employee Name
G. David Jackson	Tracey Webb
Tammy Peoples	Requeena Weatherly

Records shall be destroyed once action is taken and any grievance procedure, or court proceeding is completed. **A notice of record destruction shall be maintained in a separate file.**

The HA will work through their local law enforcement agencies to obtain information from NCIC. Also, the HA may pay reasonable fees charged by law enforcement agencies that provide the information. The applicant or tenant may not be charged for any expenses related to the investigation.

**HOUSING AUTHORITIES OF GUIN, HACKLEBURG, BEAR CREEK & WINFIELD (Authority)**

**AUTHORIZATION FOR RELEASE OF POLICE RECORD**

NAME \_\_\_\_\_

NICKNAME(S) \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_

**PERSONAL DESCRIPTION:**

DATE OF BIRTH \_\_\_\_\_ HEIGHT \_\_\_\_\_  
MONTH - DAY - YEAR FEET - INCHES

WEIGHT \_\_\_\_\_ RACE \_\_\_\_\_ SEX \_\_\_\_\_

COLOR HAIR \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

=====

**I do hereby authorize any City, County, State or Federal Agency, Department or Bureau, to release any information in their files under the above name and other information supplied by me. I understand and realize that the information so released may prove unfavorable to me. I agree to submit to fingerprinting to be forwarded to the FBI if required by the housing authority. I agree to hold any source of information blameless for any error in reporting this information. I release all persons whomever from any liability arising out of or resulting from the release of this information.**

\_\_\_\_\_  
Signature Date of Birth Social Security Number Date Signed

SWORN TO and SUBSCRIBED before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

**REQUEST FOR CRIMINAL HISTORY NCIC CHECK FOR HOUSING AUTHORITIES OF GUIN, HACKLEBURG, BEAR CREEK & WINFIELD**

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 this housing authority and the City of \_\_\_\_\_ Police Department, relating to Access to National Crime Information Center Data (NCIC), the \_\_\_\_\_ Housing Authority (Authority) hereby requests that the City of \_\_\_\_\_ Police Department conduct a name test to determine whether or not:

_____	_____	_____
NAME	DATE OF BIRTH	
_____	_____	_____
SOCIAL SECURITY NUMBER	RACE	SEX
_____	_____	_____
AUTHORIZING SIGNATURE	AUTHORITY REPRESENTATIVE	

**TO BE COMPLETED BY CITY OF \_\_\_\_\_ POLICE DEPARTMENT AND RETURNED TO AUTHORITY:**

\_\_\_\_\_ There is no additional information in the NCIC for the above-named person.

\_\_\_\_\_ There is a Criminal History Record of the named person and the Authority should refer the named person to the \_\_\_\_\_ Police Department for fingerprinting and further checks with the FBI.

\_\_\_\_\_  
Police Department Representative

\_\_\_\_\_  
Date

