



THE HOUSING AUTHORITY OF THE CITY OF TAMPA
ASSISTED HOUSING DEPARTMENT

CRIMINAL HISTORY RELEASE OF INFORMATION AUTHORIZATION

In consideration of my, any my household members if applicable, application/recertification for participation in the Section 8 program, and pursuant to the Housing Authority of the City of Tampa's (THA) "One Strike, Zero Tolerance" drug activity policy, I hereby authorize THA to obtain from any law enforcement agencies, court clerks or other official entities which maintain criminal history information, whether currently providing such information or which may provide such information in the future, any and all criminal information available concerning myself and members of my household.

Table with 5 columns: Name, Alias, Date of Birth, Social Security #, Other Cities Lived. It contains four empty rows for data entry.

Head of Household Signature

Print Name of Head of Household

Adult Member Signature

Print Name of Adult Member

Adult Member Signature

Print Name of Adult Member

Adult Member Signature

Print Name of Adult Member

FOR THA OFFICIAL USE ONLY

By signature below I certify that I have completed Criminal History Queries that yielded the following results and or actions.

- Checkboxes for Tampa Police Department, Hillsborough County Sheriff Office, Florida Department of Law Enforcement

Drug or violent crimes in the last five years? (Y / N) if yes what action was taken

- Checkboxes for Approved (with rehab/Not guilty dates) and Denied

Sexual offender record ? (Y / N) if yes what action was taken

*Note: Sexual Offenders are banned from housing assistance programs