



**The Housing Authority of the City of Friend
Friendship Terrace – Public Housing**

1027 2nd Street, Friend, NE 68359 | Ph. 402-947-6371 | Fax 402-367-3641 | friendhousingauthority@gmail.com

Background Check Release Form
Authorization to Release Information

Pursuant to the National Housing Act of 1937 (Title 42, United States Code, Section 1437d[q]) the “Act”, which was amended by the Housing Opportunity Program Extension Act of 1996 (Public Law [Pub. L.] 104-120), and the Quality Housing and Work Responsibility Act of 1998 (Pub. L. 105-276), administrators of Department of Housing and Urban Development (HUD) assisted housing programs (AHPs) are permitted to obtain criminal history records of current and prospective tenants receiving benefits under an AHP, for purposes of applicant screening, lease enforcement, and eviction, where applicable

Verifying Agency/Institution/Person	Address	City	ST	Zip
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Applicant Full Name (First, Middle, Last)	(Please Print)	Previous Name(s)
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Date of Birth	SSN	Driver’s License/ID Number
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Applicant Address	City	ST	Zip
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Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

Your signature on this form, and the signature of each member of your household who is 18 years of age and older, authorizes the Friend Housing Authority to use this authorization and the information obtained to administer and enforce rules and policies of the Friend Housing Authority.

Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from banks and other financial institutions, courts, law enforcement agencies, credit bureaus, landlords, past and present, employers, past and present, social security administration, veteran’s affairs, health and human service agencies, utility companies, unemployment compensation, pension and annuities.

I hereby authorize the above agency, institution, or person to make available any documents or records to the Friend Housing Authority for inspection and copying. This authorization will be valid for the period of time I remain an applicant and/or tenant of the Friend Housing Authority.

Applicant Signature

Printed Name

Date

Friend Housing Authority
Friendship Terrace
1027 2nd St.
Friend, NE 68359
Renee Williams, Executive Director
Phone: 402-947-6371
Fax: 402-367-3641
friendhousingauthority@gmail.com

TO: Saline County Sherriff's Office
Wilber, NE 68465
402-821-2111
402-821-2103 (fax)

Date: _____

RE: Criminal Background Check
Friendship Terrace
ORI NB076039Q

Pursuant to the National Housing Act of 1937 (Title 42, Untied States Code, Section 1437d[q]) the "Act", which was amended by the Housing Opportunity Program Extension Act of 1996 (Public Law [Pub. L.] 104-120), and the Quality Housing and Work Responsibility Act of 1998 (Pub. L. 105-276), administrators of Department of Housing and Urban Development (HUD) assisted housing programs (AHPs) are permitted to obtain criminal history records of current and prospective tenants receiving benefits under an AHP, for purposes of applicant screening , lease enforcement, and eviction, where applicable.

In order to process an application, a Criminal History Background Check needs to be run on the below-named individual. This information is kept strictly confidential and used only for the purpose of establishing eligibility for housing.

Name: _____

DOB: _____

Social Security #: _____

I hereby authorize the release of the requested information:

Applicant Signature: _____ Date: _____

Indication:

No Indication:

Dispatcher Intl/Date: _____



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LANDLORD VERIFICATION FORM

Landlord Name _____

Landlord Address _____
Street City State Zip Code

RE: _____ SSN _____ - _____ - _____

Applicant/Tenant Address _____
City State Zip Code

The individual named above is an applicant for housing assistance subsidized by the Department of Housing & Urban Development. We are required to complete the verification and background process in a short time and would appreciate your prompt response. A self-addressed envelope is enclosed for your convenience. If you have any questions, please feel free to contact our office. Thank you for your cooperation.

Renee Williams
Executive Director

I authorize the release of the requested information to the Friend Housing Authority.

Signature

Date