

## DPS Computerized Criminal History (CCH) Verification

### (AGENCY COPY)

I, \_\_\_\_\_, acknowledge that a Computerized Criminal History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Reviews of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/Reviews%20of%20Personal%20Criminal%20History) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

**(This copy must remain on file by your agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Today's Date

NET Property Management-Atlanta\*Hughes Springs\*Linden  
Agency Name (Please Print)

Stacia J. Waters, Executive Director  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

<p style="text-align: center;"><b>Please:</b> <b>Check and Initial each Applicable Space</b></p> <p>CCH Report Printed: Yes _____ NO _____ Initials: _____</p> <p>Purpose of CCH: <b><u>Determine Eligibility for Public Housing Program</u></b></p> <p>Empl ___ Vol/Contractor ___ Initials: _____</p> <p>Date Printed: _____ Initials: _____</p> <p>Destroyed Date: _____ Initials: _____</p> <p style="text-align: center;"><b>Retain in your files</b></p>
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## APPLICANT/RESIDENT LIFETIME OFFENDER SEARCH RELAEASE

NET Property Management's "Zero Tolerance Policy" located on last page of the Dwelling Lease states "the PHA has a zero-tolerance policy with respect to violations of the lease terms regarding drug and/or criminal activity or violence of any kind." In order to meet the regulatory requirements, the PHA is required to ask household members at each recertification/reexamination the following questions:

**Is any member of the household subject to a lifetime registration requirement under a state sex offender registration program:**       Yes     No

**If yes,** please advise the following information on the person required to register:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ S.S.#: XXX-XX-\_\_\_\_\_.

Race: \_\_\_\_\_

I/We understand that the PHA, in order to comply with the above, will confirm through the National Sex Offenders website if any household members are subject to register under a sex offender registration program.

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Applicant/Resident (If Applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
PHA Representative

\_\_\_\_\_  
Date