

**Instructions:** All household members 18 years or older must complete the information listed below.

## AUTHORIZATION TO REVIEW LAW ENFORCEMENT AGENCY RECORDS

I/WE understand that if information received from an Law Enforcement Agency reveals that any household member has been arrested for any illegal drug and/or violent criminal activity, including arrests associated with criminal activity brought about due to alcohol abuse, will be determine ineligible to receive housing assistance under housing programs provided by Albuquerque Housing Services

I/WE the undersigned give the representative(s) of Albuquerque Housing Services permission to review and/or obtain copies of all information filed with Law Enforcement Agencies on me/us.

I/WE agree to indemnify and hold harmless the City of Albuquerque and Albuquerque Housing Services, and any of its employees, against any liability as a result of my representative(s) reviewing information on file with Law Enforcement Agencies.

NAME	MAIDEN NAME	DATE OF BIRTH	SS#	SIGNATURE

Section Below for Official Use Only

**SECTION 8/PUBLIC HOUSING**

**INTAKE**

ADD-ON\_\_\_ COMPLAINT\_\_\_

PORT\_\_\_ DISPLACEMENT\_\_\_ ADD-ON\_\_\_

TURNED 18\_\_\_ CAREGIVER\_\_\_

TURNED 18\_\_\_ CAREGIVER\_\_\_

S8 VOUCHER # \_\_\_\_\_

APPLICATION # \_\_\_\_\_

PH ACCOUNT # \_\_\_\_\_

HOH NAME \_\_\_\_\_

HOH NAME \_\_\_\_\_

HST NAME \_\_\_\_\_

HSS NAME \_\_\_\_\_