

<b>Agency</b> Cecil County Government	<b>Division/Unit</b> Housing and Community Development
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Item No.	Description	Retention
	<p>This series includes rental documents, client files and counseling files.</p> <p>Changes in records format will not necessarily require revision of the retention schedule. However, should the scope or content of a records series be altered, the schedule may be amended to reflect such changes.</p> <p>Each agency will use all or some of the following records which are governed by the indicated retention period:</p>	
1	Subsidy Rental Check Stubs and Related Documentation	Retain hard copy for three (3) years then destroy by shredding or burying in landfill with proof of disposal.
2	Section 8 Client Files	Retain hard copy until scanned and image verified then destroy hard copy. Retain imaged copy for three (3) years, then destroy and establish automatic destruction process.
3	Housing Counseling Files	Retain hard copy for five (5) years, then destroy

Schedule Approved by Department, Agency, or Division Representative.

Date \_\_\_\_\_

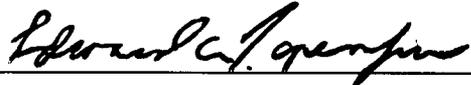
Signature  \_\_\_\_\_

Typed Name Scott Mesneak

Title IT & Records Retention Director

Schedule Authorized by State Archivist

Date 1 Dec 10

Signature  \_\_\_\_\_

<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1830		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>1</u> OF <u>1</u>	
1. Department/Agency Housing and Community Development		2. Division		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title Housing Counseling Files				5. Earliest Year/Latest Year <u>2005</u> to <u>2010</u>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) To document provision of counseling services for mortgage foreclosures, renegotiations, refinancing, reverse mortgages.					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape. <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <u>Keyword Lookup</u>		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____  Number _____  10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____  Number _____	
11. File Is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>5</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) Housing and Community Development Office			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input type="checkbox"/> None <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18. Recommended Retention <b>Retain hard copy for five (5) years, then destroy</b>		
19. Name and Title of Preparer Scott Mesneak IT & Records Retention Director		20. Telephone Number 410-996-5205		21. Date 9/10/2010	

<b>INSTRUCTIONS</b> – Type or print a separate form for each new/revised electronic record series. Forward with Records Retention Schedule (DGS 550-1) COMAR 14.18.04		<b>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 (410) 799-1930</b>		<b>ELECTRONIC RECORDS INVENTORY</b>  Page <u>  1  </u> of <u>  1  </u>	
<b>1 DEPARTMENT/AGENCY</b> Cecil County Government		<b>2 DIVISION</b> Housing and Community Development		<b>3 UNIT</b>	
<b>DEFINITION – Record Series</b> - A group of related records stored electronically and used as a unit for reference as well as retention and disposition purposes					
<b>4 ELECTRONIC RECORD SERIES TITLE</b> Section 8 Client Files				<b>5 EARLIEST YEAR/LATEST YEAR</b> <u>  2007  </u> TO <u>  2010  </u>	
<b>6 INPUT</b> - Identify source of information to be entered Paper			<b>7 OUTPUT</b> - Identify the use/s of information generated by system Electronic Document - IBM Content Manager		
<b>8 ELECTRONIC RECORD SERIES DESCRIPTION</b> - Briefly describe the information/documents/forms contained in a series. Include purpose and function of the system. Federal requirement to substantiate eligibility for rental benefits.					
<b>9 POLICY ON ACCESS AND USE</b> – Explain or attach copy if established in writing. Administration, Department Heads, will have (delete) (print) and (hold) access. Managers and employees with the "need to know" will have (read), (print) and (hold) access.					
<b>10 UPDATING CYCLES OR CONDITIONS AND RULES FOR REVISING INFORMATION IN THE SYSTEM</b> Updates are not allowed on the original document; if updates are needed, the document needs to be replaced.					
<b>11 SPECIFY THE LOCATION AND MEDIA OF THE MAIN ELECTRONIC DATA FILE.</b> Explain the progression established to ensure the record's retention and usability throughout the record's authorized life cycle. Cecil County Government Administration Building Record is available until the disposal date, and then record is purged.					
<b>12. RECOMMENDED RETENTION</b> Retain hard copy until scanned and image verified then destroy hard copy. Retain imaged copy for three (3) years, then destroy and establish automatic destruction process.					
<b>13 TYPED OR PRINTED NAME OF PREPARER</b> Scott Mesneak		<b>14 TELEPHONE NUMBER</b> 410-996-5205		<b>15 DATE</b> 9/10/2010	
<b>16 TITLE OF PREPARER</b> IT & Records Retention Director					
DGS 550-6					

<b>Instructions</b> –Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-789-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>1</u> OF <u>1</u>	
1. Department/Agency Housing and Community Development		2. Division		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title Subsidy Rental Check Stubs and Related Documentation				5. Earliest Year/Latest Year <u>2007</u> to <u>2010</u>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Documentation of rental and utility payments to clients.					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <u>Keyword Lookup</u>		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____  Number _____  10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____  Number _____	
11. File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>3</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) Housing and Community Development Office			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input type="checkbox"/> None <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18. Recommended Retention <b>Retain hard copy for three (3) years then destroy by shredding or burying in landfill with proof of disposal.</b>		
19. Name and Title of Preparer Scott Mesneak IT & Records Retention Director		20. Telephone Number 410-996-5205		21. Date 9/10/2010	