

N NATIONAL CREDIT REPORTING

CRIMINAL _____

EVICTION _____

CREDIT _____

APPLICANT AUTHORIZATION AND CONSENT RFOR RELEASE OF INFORMATION

Prospective Company _____

Member ID# _____

Request Name _____ Reference Number _____

BY SIGNATURE BELOW I AUTHORIZE THE PREPARATION OF INVESTIGATIVE REPORT FOR THE PURPOSE. I AUTHORIZE AND UNDERSTAND THAT INVESTIGATIVE BACKGROUND INQUIRES ARE TO BE MADE ON MYSELF INCLUDING CONSUMER, CRIMINAL, DRIVING AND OTHER REPORTS. FUTHER, I UNDERSTAND THAT YOU WILL BE REQUESTING INFORMATION FROM VARIOUS FEDERAL, STATE AND OTHER AGENCIES MAINTAIN RECORDS CONCERNING MY PAST ACTIVITIES RELATING TO MY DRIVING CREDIT, CIVIL, TENANCY AND OTHER EXPERIENCES. I RELEASE ALLOF THE ABOVE INCLUDING NATIONAL CREDIT REPORTING AND ITS AGENTS TO THE FULL EXTENT PERMITTED BY LAW FROM ANY CLAIMS, DAMAGES, LOSSES, LIABILITIES, AND EXPENSES ARISING FROM THE RETIEVING AND REPORTING OF INFORMATION. ALL REPORTS WILL BE KEPT CONFIDENTIAL.

ACCORDING TO THE FEERAL FARI CREDIT REPORTING ACT, I AM ENTITLED TO KNOW IF I WAS DENIED BASED ON THE INFORMATION OBTAINED AND TO RECEIVE, UPON WRITTEN REQUEST TO NATIONAL CREDIT REPORTING A DISCLOSURE IF THE PUBLIC INFORMATION AND OF THE NATURE AND SCOPE OF THE INVESTIGATIVE REPORT.

I THE UNDERSIGNED APPLICANT, DO HEARBY CERTIFY THAT THE INFORMATION PROVIDED BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. ANY COPY OF THIS DOCUMENT IS AS VALID AS THE ORIGINAL. FALSIFYING INFORMATION COULD RESULT IN DENIAL OF TENANCY.

PRINT FULL

NAME _____

SOCIAL SEC# _____ DATE OF BIRTH _____

CURRENT ADDRESS _____

PREVIOUS ADDRESS _____

CITY, STATE/ZIPCODE _____

DRIVERS LICENSE# _____ STATE _____

SIGANTURE _____ DATE _____

* DATE OF BIRTH OS BEING REQUESTED IN ORDER TO OBTAIN ACCURATE RETRIEVAL OF RECORDS