

Please complete for each renter age 18 and older for criminal background check.

Disclosure Consent Application

Please Print Your Full Name

Social Security Number

Please Print Any Other Names You Have Used

Date of Birth

Street Address

City

State

Zip Code

Driver's License #

Exp. Date

State Issued

I hereby give consent for an investigative consumer report to be prepared on me, which may include information about me obtained from Law Enforcement Agencies, State Agencies, as well as Public Records information such as credit reports, social security information, criminal history information, motor vehicle records and workers' compensation records, such as are allowed by law and in accordance with the American Disabilities Act.

Signature

Date

Witness

Date