Verify Tenant

Authorization For Background Screening

I hereby authorize _____ ("Condominium Association/Landlord") and its designee, Verify Tenant., 398 E Dania Beach Blvd #165, Dania Beach, FL 33004, and its designated agents and representatives, individually and together "Verify Tenant", to conduct a comprehensive background check that includes any one or all of the following: Consumer and/or business credit report, past employment and tenancy, criminal, drug, and driving records. I understand that one or more of the above-referenced checks may require additional written authorizations and consents, and I hereby agree to provide all such further written authorizations and consents.

I am aware that the background reports I consent to have prepared may include information obtained from a variety of sources, including but not limited to government agencies, national credit reporting agencies, and other sources. I am aware that if I choose, I may obtain a complete disclosure of the nature and scope of any report prepared about me if I make a written request to Verify Tenant, within a reasonable time after I execute this authorization.

I also authorize and request every person, firm, company, corporation, governmental agency, court, law enforcement office, and any other entity having control or possession of any information pertaining to me or my background to furnish same to Verify Tenant.

By this authorization, I hereby forever release, discharge, exonerate, hold harmless and indemnify Condominium Association, Verify Tenant, and their affiliates, employees, representatives, agents, and subcontractors, and any other person, entity, organization or institution furnishing information to them, from any and all liabilities of every nature and kind, including but not limited to claims for libel, slander invasion of privacy, related tort claims, misuse of the information obtained, and any other claim or cause of action arising out of the furnishing, inspection or copying of any documents, files, records, and other information, or the investigation made by or on behalf of Association or Verify Tenant, unless such release is determined to violate the public policy of the state or federal district in which this contract is executed, and in that event this release will be permitted to the maximum extent allowed by the governing law. I understand that a photocopy, facsimile or scanned copy of this signed document shall be considered as valid as an original.

Printed Name:_____ SSN or Business Tax Id: _____

Address:_____City:_____

State:_____Zip:_____Date of Birth:_____

Driver's License #_____ DL State: _____

Applicant's Signature:_____Date:_____

Notice: Name, date and signature are necessary. Responses to the additional above fields are completely voluntary. However, without this information we may be unable to distinguish you from another applicant, in the event we discover adverse information during our background investigation.

398 E Dania Beach Blvd #165
Dania Beach, FL 33004
Phone: 954.628.8222
Fax: 305.403.3920

APPLICANT'S INFORMATION

Name:
Address:

SS#:
DOB:

EMPLOYMENT VERIFICATION

Name of Company:
Supervisor's Name:
Phone #:

RESIDENCY VERIFICATION

Name of Landlord:
Phone #:

CHARACTER REFERENCE

Name:
Phone #:

Name:
Phone #: