

BROWN'S BACKGROUND CHECKS
CONSENT TO OBTAIN CONSUMER REPORT ON SUBSCRIBER
Bayview Terrace Condominium Association Inc.

I understand that you may obtain consumer reports that relate to my credit and/or criminal history. This information will, in whole or in part, be obtained from AISS, a Sterling Infosystems Company, 6111 Oak Tree Blvd, 4th floor, Independence, OH 44131, telephone 800.853.3228. I understand that you may be requesting information from various federal, state and other agencies or institutions, which maintain public and non-public records concerning my past activities relating to my credit and/or criminal history. This information will be reviewed by the Association and may be reviewed by a unit owner if it's a rental.

I authorize, without reservation, any party, institution, or agency contacted by AISS to furnish the above mentioned information:

_____ Applicant Name	_____/_____/_____ Date of Birth*	_____ Social Security Number If International please provide Passport Number
*Date of Birth is requested in order to obtain accurate retrieval of records.		

_____ Co-Applicants Name	_____/_____/_____ Date of Birth	_____ Social Security Number If International please provide Passport Number
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Alias/Previous Name(s)

_____ Current Physical Address	_____ City & State	_____ Zip code
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☐ **California, Minnesota & Oklahoma Applicants Only:** Please check here to have a copy of your consumer report sent directly to you.

Notice to CALIFORNIA Applicants

Under Section 1786.22 of the California Civil Code, you have the right to request from AISS, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you, which AISS has previously furnished within the two-year period preceding your request. You may view the file maintained on you by AISS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone.

SIGNATURE _____ DATE _____

Co-Applicant
SIGNATURE _____ DATE _____

BAYVIEW TERRACE Application

Prospective New Address :

Applicant Information

Name:		Drivers License #:	
Date of birth:	Phone:	SS#:	
Current address:			
City:	State:	ZIP Code:	
Own Rent (Please circle)	Monthly payment or rent:	Dates:	
Landlord name:		Landlord phone:	
Landlord address:			
Previous address:			
City:	State:	ZIP Code:	
Owned Rented (Please circle)	Monthly payment or rent:	Dates:	
Landlord name:		Landlord phone:	
Landlord address:			

Employment Information

Current employer:			
Employer address:		Dates:	
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:		Annual income:	
Supervisor:	Other Income Source:	Other Income \$:	

Previous Employment Information

Previous employer:			
Employer address:		Dates:	
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:		Annual income:	

Emergency Contact

Name of a person not residing with you:			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship:			

Co-applicant Information (if married)

Name:		Drivers License #:	
Date of birth:	Phone:	SS#:	
Current address:			
City:	State:	ZIP Code:	
Own Rent (Please circle)	Monthly payment or rent:	Dates:	
Landlord name:		Landlord phone:	
Landlord address:			
Previous address:			
City:	State:	ZIP Code:	
Owned Rented (Please circle)	Monthly payment or rent:	Dates:	
Landlord name:		Landlord phone:	
Landlord address:			

Co-applicant Employment Information			
Current employer:			
Employer address:			Dates:
Phone:	E-mail:		Fax:
City:	State:		ZIP Code:
Position:	Hourly	Salary (Please circle)	Annual income:
Additional Occupants			
Name:	DOB:		Relation:
Name:	DOB:		Relation:
Name:	DOB:		Relation:
Financial Information			
Do you have a checking account:	Yes	No	Bank / State :
Do you have a savings account:	Yes	No	Bank / State :
Do you have credit card debt:	Yes	No	Cards & Debt Amount:
Have you ever:			
Filed for bankruptcy:	Yes	No	State / County / Year:
Been convicted of a felony:	Yes	No	Describe:
Been evicted from a rental:	Yes	No	Describe:
Defaulted on a lease:	Yes	No	Describe:
Been served a late rent notice:	Yes	No	Describe:
Other Information			
Do you have renters insurance:	Yes	No	Company:
Do you have a water bed:	Yes	No	Do you have insurance: Yes No
Do you have a history of drug use:	Yes	No	Describe:
Do you own pets:	Yes	No	Number of Pets: Type:
Do any proposed occupants smoke: Yes No			
Have you ever broken a lease:	Yes	No	Describe:
Why are you moving / were you asked to move:			
When would you be able to move in:		How long do you expect to stay here:	
Vehicle Information			
Vehicle 1 Make:	Model:	Year:	Color:
Plate #:	State:	Financed: Yes No	Payment \$:
Vehicle 2 Make:	Model:	Year:	Color:
Plate #:	State:	Financed: Yes No	Payment \$:
Do you have any commercial or recreational vehicles (RV, campers, boats, motorcycles, etc): Yes No			
List:			
Personal References (list at least two)			
Name:	Phone:		Relation:
Name:	Phone:		Relation:
Name:	Phone:		Relation:
Agreement & Authorization			
I warrant, to the best of my knowledge, all of the information provided in this Application is true, accurate, complete and correct as of the date of this Application. If any information provided by me is determined to be false, such false statement will be grounds for disapproval of my Application or termination of my Lease with Owner. I hereby authorize Bayview Terrace Condominium to verify the information provided and obtain a credit report on me. I understand that this requires a \$100 non-refundable fee per unmarried applicant.			
Signature of applicant:			Date:
Signature of co-applicant:			Date:

RESIDENT INFORMATION SHEET

COMMUNITY NAME:

Select One:

☐ OWNER

☐ TENANT

Property
Address:

City:

State:

Zip:

MOVE IN DATE:

☐ NEW OWNER
CLOSING DATE:

☐ LEASE TERM

DATE: _____ TO

LEASE: \$ _____ SECURITY DEPOSIT

LEASE: \$ _____ MONTHLY

DEPOSIT PROVIDED
BY: ☐ OWNER
☐ TENANT

Resident Name: (Last Name) _____ (First Name): _____ D.O.B. ____/____/____

Home Phone:

Cell Phone:

Work Phone:

Email Address :

Resident Name: (Last Name) _____ (First Name): _____ D.O.B. ____/____/____

Home Phone:

Cell Phone:

Work Phone:

Email Address :

Phone Number to be programed in call box (if applicable):

Mailing Address

(if different than Above Address):

City:

State:

Zip:

Country:

LIST ALL OCCUPANTS LIVING IN THIS HOME

All Occupants 18 Years of Age or Older MUST Complete a Separate Background Check Consent Form.

Occupant Name	Date of Birth	Relationship (child, nanny, in-laws, etc.)

PET INFORMATION (IF APPLICABLE)

Type/Breed:	Color:	Weight:	Name:	Tag #:	Tag Exp. Date:
Type/Breed:	Color:	Weight:	Name:	Tag #:	Tag Exp. Date:
Type/Breed:	Color:	Weight:	Name:	Tag #:	Tag Exp. Date:

VEHICLE INFORMATION

Make	Model	Year	Color	Tag#	State	Bar Code/Decal #

ASSIGNED PARKING SPACES: # _____ # _____ # _____ # _____

EMERGENCY CONTACT

Name:				Relation:		
Home Phone:	Cell Phone:	Work Phone:	Email Address :			
Address :		City:	State:	Zip:	Country:	

APPROVED VISITORS

Name:	Name:	Name:
Name:	Name:	Name:
Name:	Name:	Name:

Please be advised that submittal of this form does not constitute an approval or authorization of registration. Thank you from the Miami Management Team!