

Background Check Release

Designated Party: Camelot By The Lake

I hereby authorize your company or any agent of your company, to contact any of my references, previous employers, companies, credit bureaus, corporations, law enforcement agencies, persons and educational institutions to supply any information concerning my background. I also hereby release any of the above from any liability and responsibility arising from their doing so. Applicant acknowledges that false information herein may constitute grounds for rejection of this application, termination of the right of occupancy and/or forfeiture of deposit and may constitute a criminal offense under the laws of this state. I believe to the best of my knowledge that all information I have provided is accurate and that I fully understand the terms of this release.

Photocopies of this authorization may be made to facilitate multiple inquiries. In the event you do receive a photocopy of this authorization, it should be treated as an original and the requested information should be released to facilitate my/our application for residency.

Applicants Signature

Date

Applicants Legal Name (Printed)

Social Security #

Home Address

Date of Birth

City, State, Zip

Drivers License #, State

Co-Applicants Signature

Date

Applicants Legal Name (Printed)

Social Security #

Home Address

Date of Birth

City, State, Zip

Drivers License #, State