

PLEASE READ CAREFULLY

TENANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

Background Screening Disclosure

I hereby authorize Employers Reference Source Inc. and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for tenant screening purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: criminal history records (from local, state, federal, international and other law enforcement agencies' records), sexual offender's lists, wants and warrants records, credit history, and civil/law suit cases. Further, I understand that Employers Reference Source will verify the employment information I have provided. I understand that I have the right to make a request of Employers Reference Source Inc., upon proper identification and the payment of any authorized fees, for the information in its files on me at the time of my request. I further authorize ongoing procurement of the above mentioned reports by Employers Reference Source, at the request of the Landlord, anytime during my rental/lease agreement.

Authorization and Release

I, _____, authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I hereby release Employers Reference Source Inc., and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization and request to relapse. I certify that all information provided below and on my application is correct to the best of my knowledge. Any false statements provided in this form and my application will be considered just cause for disqualification at any time. This authorization and consent shall be valid in original, fax, or copy form. The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose.

_____ Applicant's Name (Print Legibly)	_____ Maiden/Previous/Name(s)
_____ Signature	_____/_____/20_____ Date
____-____-_____ Social Security Number	_____/_____/19_____ Date of Birth
_____ Driver License Number	_____ State
_____ Company/Employers Name	_____ Phone Number
_____ Company/Employer Address	