# PROSPECTIVE TENANT BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR TENANT SCREENING PURPOSES

In connection with my application for tenancy purposes, I authorize Royal United Properties, Inc., (the "Company") to order a "consumer report" (a background report) or "investigative consumer report" on me. (An "investigative consumer report" is a background report that includes information from such personal interviews, except in California where that term means any background report that is not a credit report.)

The background check company, ADP Screening and Selection Services, Inc., will prepare the background report for the Company. ADP Screening and Selection Services, Inc. is located at 301 Remington Street, Fort Collins, CO, 80524, and can be reached by phone at 800-367-5933 or at its Internet Web site address www.adpselect.com.

I acknowledge the background report may contain information concerning my character, general reputation, personal characteristics, mode of living, and credit history/standing. The types of information that may be ordered include, but are not limited to: social security number verification; criminal, public, educational and, as appropriate, driving records checks; verification of prior employment; reference, licensing and certification checks; and credit reports. Credit history will only be requested when permitted by law and where such information is substantially related tenancy.

Criteria that may result in denial of an application include: a low FICO score, adverse payment history, negative credit accounts and disproportionate amount of debt relative to provable income.

The Fair Credit Reporting Act and state laws give consumers specific rights in dealing with consumer reporting agencies. These rights are summarized on <u>A Summary of Your Rights Under the Fair Credit Reporting Act</u> and <u>a Summary of Your Rights Under the Provisions of California Civil Code Section 1786.22</u> as provided herewith. For example, you must be given the right to request a copy of your report in the case of any denial or other adverse action.

I agree the Company may rely on this form to order background reports, including investigative consumer reports as defined under CA law, from companies other than ADP Screening and Selection Services, Inc. without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all of the personal information I provided is true and correct.

#### PLEASE PRINT:

Last Name	First	Middle
Other Names Used		Years Used
Current AddressCity	State	Street Address Zip Code
Applicant Signature		// Date (Month/Day/Year)



#### 165 South Lee Street Suite 100 – Labelle, FL 33935

## PERSONAL CREDIT APPLICATION

APPLICANT INFORMATION			
Name:			
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Own Rent (Please circle)	Monthly payment or rent:	How long?	
Previous address:			
City:	State:	ZIP Code:	
Owned Rented (Please circle)	Monthly payment or rent:	How long?	
	EMPLOYMENT INFORMATION		
Current employer:			
Employer address:		How long?	
Phone: E-mail:		Fax:	
City:	State:	ZIP Code:	
Position:	Hourly Salary (Please circle)	Annual income:	
Previous employer:			
Address:		How long?	
Phone: E-mail:		Fax:	
City:	State:	ZIP Code:	
Position:	Hourly Salary (Please circle)	Annual income:	
Name of a relative not residing with y	ou:		
Address:		Phone:	
City:	State:	ZIP Code:	
Relationship:			
CO-APPLI	CANT INFORMATION, IF FOR A JOIN	NT ACCOUNT	
Name:			
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Own Rent (Please circle)	Monthly payment or rent:	How long?	
Previous address:			
City:	State:	ZIP Code:	
Owned Rented (Please circle)	Monthly payment or rent:	How long?	
	EMPLOYMENT INFORMATION		
Current employer:			
Employer address: How long?			
Phone: E-mail:		Fax:	
City: State:		ZIP Code:	
Position:	Hourly Salary (Please circle)	Annual income:	
Previous employer:			
Address:			



#### 165 South Lee Street Suite 100 – Labelle, FL 33935

### PERSONAL CREDIT APPLICATION

Phone:	E-mail: Fax:					
City:		State: ZIF		ZIP Code:	ZIP Code:	
Position:		Hourly Salary (Please circle)		Annual income:		
	APP	LICATION INFORMAT	ION CONTINUED			
Name of a relative not residing	g with you	:				
Address: Phone:						
City:		State:		ZIP Code:		
Relationship:						
		CREDIT CAR	LDS			
Name		Account no. Current balance		lance	Monthly payment	
		MORTGAGE COI	MPANY			
Account no.:		Address:				
		AUTO LOAI	NS			
Auto loans		Account no.	Balance		Monthly payment	
					, , , , , ,	
	OTH	HER LOANS, DEBTS, O	OR OBLIGATIONS			
Description		Account no.	Amount			
	OTH	HER ASSETS OR SOUF	RCES OF INCOME			
Description		Amount pe	Amount per month or value			
I certify that answers given are complete and true. I authorize The Royal Companies to verify the information provided on this form as to my credit and employment history including but not limited to the utilizing of consumer reporting agencies, law enforcement agencies, former employers, persons and companies and release the before mentioned persons or entities from any liability or damage whatsoever for issuing the information.						
Signature of applicant:			Date:			
Signature of co-applicant, if for joint account:			Date:			



#### 165 South Lee Street Suite 100 – Labelle, FL 33935

### **BUSINESS CREDIT APPLICATION**

BUSINESS CONTACT INFORMATION				
Title:				
Company name:				
Phone:	Fax:	E-mail:		
Registered company address:				
City:		State:	ZIP Code:	
Date business commenced:				
Sole proprietorship:	Partnership:	Corporation:	Other:	
BUSINESS AND CREDIT INFORMATION				
Primary business address:				
City:		State:	ZIP Code:	
How long at current address?				
Telephone:	Fax:	E-mail:		
Bank name:				
Bank address:		Phone:		
City:		State:	ZIP Code:	
Type of account:	Account number:			
Savings				
Checking				
Other  BUSINESS/TRADE REFERENCES				
Company name:				
Address:				
City:		State:	ZIP Code:	
Phone:	Fax:	E-mail:		
Type of account:				
Company name:				
Address:				
City:		State:	ZIP Code:	
Phone:	Fax:	E-mail:		
Type of account:				
Company name:				
Address:				
City:		State:	ZIP Code:	
Phone:	Fax:	E-mail:		
Type of account:				

I certify that answers given are complete and true. I authorize The Royal Companies to verify the information provided on this form as to my banking and business trade references, credit and employment history including but not limited to the utilizing of consumer reporting agencies, law enforcement agencies, former employers, persons and companies and release the before mentioned persons or entities from any liability or damage whatsoever for issuing the information.

SIGNA	TURES
Name:	Name:
Title:	Title:
Date:	Date: