

CREDIT AND BACKGROUND CHECK AUTHORIZATION FORM

One form required for each applicant

I hereby authorize the procurement of a consumer investigative, criminal background and DMV reports. I further authorize all credit agencies, banks, lending institutions, former employers, and persons to release information that they may have about me and release them from any liability and responsibility from doing so.

This authorization, in original or copy form, shall be valid for this any future reports that may be requested. Further information may be available upon written request within a reasonable period of time.

Name

Maiden name or other name used

Date of birth

Social Security Number

Current Address

Prior Address

City, State, and Zip Code

City, State, and Zip Code

Current Employer's Name

Prior Employer's Name

Current Employer's Address

Prior Employer's Address

City, State, and Zip Code

City, State, and Zip Code

I, Authorize the procurement of the above captioned reports, by Accredited Property Management and I, release Accredited Property Management from any and all liability or responsibility from doing so.

Signature

Date

