

# **RESIDENTIAL SCREENING REQUEST**

**Company Name / Ref#** \_\_\_\_\_

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB (MM/DD/YYYY): \_\_\_\_\_

Tel#: \_\_\_\_\_ Cel#: \_\_\_\_\_

## **Current Employer**

Company: \_\_\_\_\_ Tel#: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Salary: \_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Title: \_\_\_\_\_

## **Current Landlord**

Company: \_\_\_\_\_ Tel#: \_\_\_\_\_

Landlord: \_\_\_\_\_ Rent: \_\_\_\_\_

Rented From: \_\_\_\_\_ To: \_\_\_\_\_

*I have read and signed the Tenant Disclosure and Authorization Agreement.*

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

DISCLOSURE AND AUTHORIZATION AGREEMENT  
REGARDING CONSUMER REPORTS

**DISCLOSURE**

The undersigned acknowledges that a consumer report and/or investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, criminal record, education, qualifications, motor vehicle record, mode of living, credit and/or indebtedness may be obtained in connection with your application for residence.

**AUTHORIZATION**

The undersigned acknowledges that they are authorizing and requesting, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, or other persons or agencies having knowledge about you to furnish AmeriCheckUSA with any and all background information in their possession regarding you, in order that your residence qualifications may be evaluated. This Authorization is no longer valid after 90 days of date signed, you also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

If you dispute any information found in your consumer report and would like to request a copy of the report, please send a request letter via certified mail to;

AmeriCheckUSA  
7777 Davie Rd Extension #101B  
Hollywood, FL 33027

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

- For California, Minnesota or Oklahoma applicants only, if you would like to receive a copy of the report, if one is obtained, please check the box.