

RESIDENTIAL SCREENING REQUEST

Company Name: _____

First: _____ Middle: _____ Last: _____

Address: _____

City: _____ ST: _____ Zip: _____

SSN: _____ DOB (MM/DD/YYYY): _____

Tel#: _____ Cel#: _____

Email: _____

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 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. 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.