

# SCREENING SOLUTIONS

Background Investigation Specialists

## Authority for Release of Information

In connection with my application for purchase/residency/leasing and in accordance with state and federal laws, I authorize Screening Solutions to obtain and/or investigate any and all information, including that of a confidential or privileged nature. This includes, but is not limited to, current and previous rental information, current and previous employment information with salary, personal reference information, a consumer credit report, criminal records, banking information, and any other information requested.

These requests may include information concerning my character along with ability to pay rent. I understand that a third party consumer reporting agency is being used to investigate this information, and therefore consent to the release of information to this agency.

Intending to be legally bound hereby, I release you, your organization and others contacted from any liability or damage which may result from furnishing the information requested. Photocopies of this authorization carry the same authority as the original.

I understand I have the right to make a request of the Consumer Reporting Agency upon proper identification to provide the information in its files on me at the time of my request. I further authorize the ongoing procurement of the above mentioned reports at any time during my tenancy.

Full printed name of applicant: \_\_\_\_\_

Full printed name of co-applicant: \_\_\_\_\_

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of co-applicant

\_\_\_\_\_  
Date

# SCREENING SOLUTIONS

## Background Investigation Specialists

**Client Information:**

Name: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 email #: \_\_\_\_\_

PLEASE PRINT CLEARLY WITH BLUE OR BLACK INK ONLY!

*Failure to complete application in full will result in a processing delay!*

*Please be certain that ALL applicants sign the authorization form on next page. Applications will NOT be processed without authorization form.*

<b>Personal Information</b>	<p>CO-APPLICANT'S MUST COMPLETE A SEPARATE APPLICATION!</p>
<b>Residential Information</b>	<p>Applicant's Name: _____ Social Security #: _____ D/O/B: _____</p> <p>Applicant Drivers License #: _____ State: _____</p> <p>Spouse's Name: _____ Social Security #: _____ D/O/B: _____</p> <p>Spouse's Driver's License #: _____ State: _____</p> <p>Home Phone #: _____ Cell Phone #: _____</p> <p>Names, ages, and relationships of anyone else who will occupy the residence: _____</p>
<b>Employment Information</b>	<p>Current Address: _____  <small>Number Street City State Zip Code</small></p> <p>Landlord's Name: _____ Landlord's Phone: _____</p> <p>Dates of Residence: _____ Amount of rent paid: _____</p> <p>Previous Address: _____  <small>Number Street City State Zip Code</small></p> <p>Landlord's Name: _____ Landlord's Phone: _____</p> <p>Dates of Residence: _____ Amount of rent paid: _____</p> <p>Previous Address: _____  <small>Number Street City State Zip Code</small></p> <p>Landlord's Name: _____ Landlord's Phone: _____</p> <p>Dates of Residence: _____ Amount of rent paid: _____</p>
<b>Miscellaneous</b>	<p>Applicant's Employer: _____ Supervisor: _____</p> <p>Employer Address/Location: _____ Phone: _____</p> <p>Position: _____ Date of Hire: _____ Salary: _____</p> <p>Spouse's Employer: _____ Supervisor: _____</p> <p>Employer Address/Location: _____ Phone: _____</p> <p>Position: _____ Date of Hire: _____ Salary: _____</p> <p>Pet: (Y) (N) Type(s): _____ Weight(s): _____ Age(s): _____</p> <p>Auto Make(s): _____ Model(s): _____ Tag(s): _____</p> <p>Emergency Contact: (1) _____  <small>Name Phone# Complete Address Relationship</small></p> <p>Emergency Contact: (2) _____  <small>Name Phone# Complete Address Relationship</small></p>

# PARKWAY MAINTENANCE & MANAGEMENT, L.L.C.

## CONSENT FOR TENANT BACKGROUND CHECK

This form provides your approval for Parkway Maintenance & Management, LLC to request a background check from Screening Solutions for the leasing of a property located at On Top of the World Condominiums, Clearwater, Florida.

Please return this form, the Screening Solutions application, your Direct Owner Lease Application, and a valid, government issued photo ID for each applicant to OTOW Occupancy Compliance, 2069 World Parkway Blvd, Clearwater, FL 33763 or by emailing the documents to [occupancy\\_compliance@otowfl.com](mailto:occupancy_compliance@otowfl.com).

**Today's Date:** \_\_\_\_\_

**Names of Applicant(s)** – Please list the full name of each buyer or each applicant requesting residency in the unit. Each single applicant must complete a separate authorization form and a separate Screening Solutions application. Legally married couples may complete one authorization form and one Screening Solutions application.

1.	
2.	

Please provide a background check for the above-referenced applicant(s).

Single applicant       Married applicants       Additional Occupant

Once completed, please provide the report to [occupancy\\_compliance@otowfl.com](mailto:occupancy_compliance@otowfl.com).

---

Applicant(s) acknowledges that by signing this document he/she consents to a background screening to be completed by Screening Solutions.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_