



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.

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.

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

PARKWAY MAINTENANCE & MANAGEMENT, L.L.C.

CONSENT FOR OWNERSHIP/RESIDENCY BACKGROUND CHECK

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

Please return this form, the Screening Solutions application, your Application for Approval of Ownership (or your Application for Approval of Residency), and a valid, government issued photo ID for each applicant to OTOW Orientation Department, 2069 World Parkway Blvd, Clearwater, FL 33763 or by emailing the documents to clw_interview@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 clw_interview@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: _____