



Highland Square Homeowners Association, Inc.

BACKGROUND CHECK AUTHORIZATION TO RELEASE INFORMATION

_____ Last Name	_____ First Name	_____ Middle
_____ Current Address		_____ Dates Lived Here
Addresses for the Past Seven Years: (include street, city, state, zipcode)		Dates of Residence:
_____		_____
_____		_____
_____		_____
_____ Date of Birth	_____ Other Names Used (including maiden name)	_____ Years Used
_____ Social Security Number	_____ Driver's License #	_____ State

I do hereby authorize verification of all information in my lease application from all sources of employment, education, motor vehicle, financial history, criminal history, personal character, and worker's compensation records in accordance with ADA, labor and wage records, etc. or any part thereof, and authorize any duly authorized agent of Highland Square Homeowners Association, Inc. to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by Highland Square Homeowners Association, Inc. for identification purposes and for the release information which will be considered in determining any suitability for lease. I certify that I have made true, correct, and complete answers and statements on my lease application. I agree to provide additional information that may be requested to process my lease application. I authorize without reservation, any party or agency contacted by Highland Square Homeowners Association, Inc. to furnish the above-mentioned information. This authorization is valid during the course of my lease to the extent permitted by law.

****I hereby do ___; do not ___; authorize you to contact *my current* employer for Employment and Reference Verifications. (This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)**

I have the right to make a request to Highland Square Homeowners Association, Inc. upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which Highland Square Homeowners Association, Inc. has previously furnished within the two year period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of leasing and denial of my lease application.

_____ Printed Name	_____ Applicant Signature	_____ Date
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