

121 GOLDEN / Ref # _____

RESIDENTIAL SCREENING REQUEST

First: _____ Middle: _____ Last: _____

Address: _____

City: _____ State/Country: _____ Zip: _____

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

Tel # : _____ Cell # : _____

I have read and signed the Disclosure and Authorization Agreement.

SIGNATURE: _____ DATE: _____

DISCLOSURE AND AUTHORIZATION AGREEMENT
REGARDING CONSUMER REPORTS

DISCLOSURE

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 and/or continued residence. A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your residence. Upon timely written request of the management, and within 5 days of the request, the name, address and phone number of the reporting agency and the nature and scope of the investigative consumer report will be disclosed to you. Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency and a summary of your rights under the Fair Credit Reporting Act.

AUTHORIZATION

You hereby authorize and request, 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.

READ, ACKNOWLEDGED AND AUTHORIZED

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 box.

121 GOLDEN

DISCLOSURE AND AUTHORIZATION AGREEMENT **REGARDING *CANADIAN* CREDIT REPORTS**

The applicant must provide all the requested information. Failure to accurately disclose all of the information may result in the offer of residency being revoked or residency being terminated.

I understand that I am providing the following information for identification purposes only.

SURNAME GIVEN NAME MIDDLE NAME (full names, not initial) DATE OF BIRTH (yy/mm/dd) Male/Female

PREVIOUS SURNAME(S) (E.G. FORMER MARRIAGE, MAIDEN NAME) _____

COMPLETE STREET ADDRESS, CITY, POSTAL CODE PHONE NUMBER

PREVIOUS ADDRESSES IF CHANGED IN LAST 5 YRS _____

SOCIAL INSURANCE NUMBER (SIN) _____

OCCUPATION _____ DRIVER'S LICENSE NUMBER _____

I have applied to 121 Golden for Residency. Part of the hiring process is an investigation of information I have provided. These investigations are conducted by 121 Golden's Agent, O.B.N Employment Screening ("O.B.N.") and/or AmeriCheckUSA. Therefore, at this time and until I specifically inform you to the contrary in writing, in compliance with all Municipal, Provincial and Federal human rights and privacy legislation, I hereby authorize and direct you to release to 121 Golden and/or O.B.N and/or AmeriCheckUSA, my credit record.

I hereby declare that, to the best of my knowledge, the information I provided both verbally and on my application form is complete and accurate in every respect. I understand that a false statement may disqualify me from residency at 121 GOLDEN.

I hereby release and forever discharge OBN Employment Screening and AmeriCheckUSA from any and all action, claims and demands for damages, loss or injury, which may hereafter be sustained by me, however so arising out of the above-noted disclosure of information and waive all rights thereto.

Applicant's Signature _____ Date _____

As the signing witness for (applicant's name) _____ I certify that, on the applicant's consent for Search and Release of Personal Information, I have confirmed that the Name and Date of Birth of the applicant are correct based on TWO government issued pieces of identification. I also confirm that based on a piece of photo identification provided, I have compared their picture to person. I have confirmed that their Name and Date of Birth are printed clearly and follow the format provided of Day/Month/Year.

Signature of witness _____ Date _____