

DISCLOSURE CONSENT APPLICATION

Please complete this form for each person to occupy the unit. Please do not leave any blanks, as this will result in a delay of the processing of the application.

Please Print Your Full Name: _____

Social Security #: _____ Date of Birth: _____

Please print any other names you have used:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Driver's License#: _____

Exp. Date: _____ State: _____ Date Issued: _____

I hereby give consent for an investigative consumer report to be prepared on me, which may include information about me obtained from Law Enforcement Agencies, State Agencies, as well as Public Records information such as credit reports, social security information, criminal history information, motor vehicle records and workers' compensation records, such as are allowed by law and in accordance with the Americans With Disabilities Act.

Signature: _____ Date: _____

Witness: _____ Date _____