

MPM

Disclosure and Authority to Release Information: Tenant/Resident

I understand that in consideration for residency/membership at/in The Association, an investigative consumer report may be conducted to obtain and verify information relating to my past activities and background. Information may include, but is not limited to; consumer credit history, criminal records, employment, salary, rental history and other information pertinent to qualification for residency including reason for termination of past residency contracts.

I authorize the appropriate individuals, companies, institutions or agencies to release information, and I release them from any liability as a result of such inquiries or disclosures.

I further understand and waive my right of privacy in this investigation and release and hold harmless The Association, and its agent Moore Property Management, LCC, from any liability.

An investigative consumer report may be generated summarizing this information. I have a right under the "Fair Credit Reporting Act" to obtain a copy of this report by providing proper identification and directing a written request to Moore Property Management, LLC, 5603 Naples Blvd. Naples, FL 34109. (239) 598-5980.

I hereby certify that all the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge, and I understand that if any statements and/or answers are found false or the information has been omitted, such false statements or omissions may be cause for rejection or termination of my tenant/resident agreement.

Applicant Signature

Date

Co-Applicant Signature

Date

Applicant:

Legal Last Name

Legal First Name

Legal Middle Name

Street Address

City

State

Zip Code

Please list any additional addresses you have lived, worked and attended schools in during the past 7 years (Please include the city, state, zip and county if known):

Other Name(s) Used and Date(s) Changed:

Drivers License Number

State Issued

Expiration Date

Date of Birth

(To be used for background information ID only)

I AUTHORIZE A PHOTOCOPY OF THIS RELEASE TO BE ACCEPTED WITH THE SAME AUTHORITY AS THE ORIGINAL AND IF EMPLOYED BY THE ABOVE NAMED COMPANY THIS RELEASE WILL REMAIN IN EFFECT THROUGHOUT SUCH EMPLOYMENT.

Signature

Social Security Number

Date

Co-Applicant:

Legal Last Name

Legal First Name

Legal Middle Name

Street Address

City

State

Zip Code

Please list any additional addresses you have lived, worked and attended schools in during the past 7 years (Please include the city, state, zip and county if known):

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Social Security Number

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