



# WESTMINSTER COMMUNITY ASSOCIATION

## BACKGROUND CHECK CONSENT

### APPLICANT AUTHORIZATION:

I, the undersigned, authorize the Westminster Community Homeowner's Association Inc. and its Property Management or background check company to obtain an investigative consumer report including but not limited to a criminal record search and registered sexual offender search. I authorize the release of information from previous or current landlords, employers and bank representatives. This information is for resident screening purposes only and is confidential. This information will be compiled from sources believed to be reliable but the accuracy of which cannot be guaranteed. I hereby hold the Westminster Community Homeowner's Association, property management and its agents free and harmless of any liability for any damages arising out of any improper use of this information.

Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### APPLICANT INFORMATION:

Applicant's Name: \_\_\_\_\_ SS# \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Driver's Lic. #:: \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

\*\*\*\*\* Residential History \*\*\*\*\*

Present address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ St: \_\_\_\_ Zip: \_\_\_\_\_

Landlord/Owner: \_\_\_\_\_ Telephone: \_\_\_\_\_

Past address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ St: \_\_\_\_ Zip: \_\_\_\_\_

Landlord/Owner: \_\_\_\_\_ Telephone: \_\_\_\_\_

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Vehicle Information: List Make & Model: \_\_\_\_\_ License: \_\_\_\_\_

List Make & Model: \_\_\_\_\_ License: \_\_\_\_\_

Have you ever declared bankruptcy? \_\_\_\_\_ if so, when? \_\_\_\_\_

Have you ever had an eviction filed against you? \_\_\_\_\_ if so, please specify \_\_\_\_\_

Have you ever been charged with a felony? \_\_\_\_\_ if so, please specify \_\_\_\_\_

Have you ever been charged with a misdemeanor? \_\_\_\_\_ if so, please specify \_\_\_\_\_

Have you ever refused to pay rent/ broken a lease? \_\_\_\_\_ if so, when and why \_\_\_\_\_

I, the undersigned applicant, affirm the information contained on this application is true and correct and authorize Florida Tenant Reporting Services, Inc. to verify all information contained in this application. Misstatements can be deemed reason for denial of occupancy. I also understand that this application is the property of Florida Tenant.

Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**A Background Check Consent form must be filled out by each applicant over the age of 18 who will be residing in the rental unit and submitted with the Lease Application Checklist and the Lease Application to the Westminster Community Association office located at 2001 Oxford Ridge Circle, Lehigh Acres, FL 33973.**

FTRS Member Name: \_\_\_\_\_