

## Disclosure Regarding Tenant Background Report

\_\_\_\_\_ (“COMPANY”) may obtain from *American Screening, LLC PO Box 1444 Hebron CT 06248 , 888-251-4044* [www.americanscreening.com](http://www.americanscreening.com) a consumer report and/or an investigative consumer report (“REPORT”) that contains background information about you in connection with your tenancy application. The REPORT may contain information about your character, general reputation, personal characteristics and mode of living. The REPORT may include, but is not limited to, credit reports and credit history information; criminal and other public records and history; public court records (e.g., bankruptcies, tax liens and judgments); motor vehicle and driving records; educational and employment history, including professional disciplinary actions; drug/alcohol test results; and Social Security verification and address history, subject to any limitations imposed by applicable federal and state law. This information may be obtained from public record and private sources, including credit bureaus, government agencies and judicial records.

If an investigative consumer REPORT is obtained, in addition to the description above, the nature and scope of any such REPORT will be employment verifications and references, or personal references.

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**Signature**

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**Print name**

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**Today’s Date**

## Authorization to Obtain Employment Background Report

I have read the Disclosure Regarding Tenancy Background Report provided by \_\_\_\_\_ ("COMPANY") and this Authorization to obtain Tenant Background Report. By my signature below, I hereby consent to the preparation by American Screening, LLC, a consumer reporting agency address: PO Box 1444 Hebron, CT 06248 can be reached at 888-251-4044 [www.americanscreening.com](http://www.americanscreening.com) of background reports regarding me and the release of such reports to the COMPANY and its designated representatives, to assist the COMPANY in making a tenancy decision involving me at any time after receipt of this authorization, to the extent permitted by law. To this end, I hereby authorize, without reservation, any state or federal law enforcement agency or court, educational institution, motor vehicle record agency, credit bureau or other information service bureau or data repository, or employer to furnish any and all information regarding me to American Screening, LLC and/or the COMPANY itself, and authorize American Screening, LLC to provide such information to the COMPANY. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

I acknowledge receipt of a copy of the Consumer Financial Protection Bureau's "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT." INFORMATION FOR PROCESSING OF BACKGROUND SCREEN REPORTS ONLY (To be used for no other purposes)

Full Name \_\_\_\_\_  
First Name Middle Name Last Name

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Driver's License Number: \_\_\_\_\_

State which issued License: \_\_\_\_\_

Current Residence Address: \_\_\_\_\_  
(Number and Street)

\_\_\_\_\_  
City State Zip

List all Residence Addresses in Past Seven Years (attach additional sheets if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If a graduate, what was your name at the time of degree receipt? \_\_\_\_\_

Please list any alternate names you have used in the past seven years (example Maiden Name)

Alias Name #1 First Name Middle Name Last Name

Alias Name #2 \_\_\_\_\_

Alias Name #3 \_\_\_\_\_

### **State Law Notices Relating to Your Background Report**

**Washington State Applicants only:** You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

**California, Massachusetts, Minnesota, New Jersey and Oklahoma Applicants Only:** Please check the box to the left if you would like a free copy of any REPORT obtained by COMPANY from American Screening, LLC.

**New York Applicants Only:** By signing the authorization, you acknowledge that you have received a copy of New York Correction Law Article 23-A. You have the right, upon written request, to be informed whether an investigative consumer REPORT was requested. If such a REPORT was requested, you will be provided with the name and address of the consumer reporting agency that prepared the REPORT and you can contact that agency to inspect or receive a copy of the REPORT.

**Maine Applicants only:** Upon request, you will be informed whether or not an investigative consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from us, within 5 business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any reports.