

Criminal Background Check

-ALL FIELDS MUST BE COMPLETED-

APPLICANT INFORMATION

PLEASE PRINT

APPLICANT'S FULL NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

CURRENT ADDRESS: _____

INSTANT IN-STATE CHECK / PLEASE INDICATE STATE: _____

IF NATIONWIDE CHECK IS REQUESTED, PLEASE ENTER "NATIONWIDE."

CUSTOMER INFORMATION

PLEASE PRINT

THE UNDERSIGNED CUSTOMER HEREBY ATTESTS THAT WRITTEN CONSENT HAS BEEN RECEIVED BY THE APPLICANT NAMED ABOVE FOR THE PURPOSE OF OBTAINING A CRIMINAL BACKGROUND CHECK. THE UNDERSIGNED ALSO AGREES TO HOLD INFORMATION IN STRICT CONFIDENCE, AND THAT A COPY OF THE BACKGROUND CHECK IS NEVER TO BE GIVEN TO THE APPLICANT FOR WHICH IT IS BEING REQUESTED. FAILURE TO COMPLY WILL RESULT IN IMMEDIATE TERMINATION OF SERVICE, WITHOUT WARNING, AND THAT LANDLORD SERVICES CORP. WILL BE RELEASED OF ANY AND ALL LIABILITY.

COMPANY NAME: _____

RETURN FAX NUMBER: _____

SUBSCRIBER NAME: _____

SIGNATURE: _____ DATE: _____

