

BACKGROUND INVESTIGATION AND CREDIT CHECK FORM FOR TENANCY/RESIDENCY

NAME:	LAST	FIRST	MIDDLE
CURRENT ADDRESS:			DATE OF BIRTH
CITY:	STATE:	ZIP	COUNTY
SOCIAL SECURITY NUMBER/SIN (CANADA)			EMAIL ADDRESS
DRIVERS LICENSE NUMBER		STATE OF ISSUE	

PREVIOUS ADDRESSES: (Last ____ years)

STREET ADDRESS:			
CITY:	STATE:	ZIP	COUNTY
STREET ADDRESS:			
CITY:	STATE:	ZIP	COUNTY
STREET ADDRESS:			
CITY:	STATE:	ZIP	COUNTY

AUTHORIZATION TO RELEASE CRIMINAL HISTORY INFORMATION REPORTS, PRIVATE COMPANIES' DISHONESTY, DRUG OFFENSE, OR VIOLENCE REPORTS, OR CREDIT BUREAU REPORTS. For and in consideration of my being considered for tenancy or ownership of a residence in CAMBRIDGE VILLAGE ASSOCIATION, INC., I hereby authorize CAMBRIDGE VILLAGE ASSOCIATION, INC. to make inquiries to QUANTUM CYBER SECURITY AND INVESTIGATIONS, INC. (FIRM) concerning: (1) any public record of any convictions for crimes of violence or dishonesty; (ii) any incidents of employment dishonesty, retail theft, or other employment related acts of dishonesty, violence or drug related offenses reported to FIRM by any merchant or employer where such acts occurred; or (iii) any credit bureau reports. I further authorize any governmental agency where such conviction information is on file, or any company ("Prior Company") where such incident or credit transaction occurred, and FIRM to disseminate such report(s) to the CAMBRIDGE VILLAGE ASSOCIATION, INC.. I also hereby authorize FIRM, any such government agency, any such credit bureau and any such Prior Company to issue such reports in response to CAMBRIDGE VILLAGE ASSOCIATION, INC. inquiry(ies). I waive any further notice with respect to CAMBRIDGE VILLAGE ASSOCIATION, INC.'s inquiries or with respect to such governmental agencies, such Prior Company's, such credit bureau's or FIRM's dissemination of any such report(s). I understand and agree that my qualification to rent or purchase may be determined, in whole or in part, based on the report(s) so issued to CAMBRIDGE VILLAGE ASSOCIATION, INC. by FIRM. I have been informed and I understand that I may obtain a copy of such report and that I may dispute the accuracy or completeness of the information reported to CAMBRIDGE VILLAGE ASSOCIATION, INC. by writing FIRM at the address listed below. I understand that the credit check will be done by TVP Management and Marketing, Inc. and they will provide the credit information directly to CAMBRIDGE VILLAGE ASSOCIATION, Inc. I further understand that the credit check may have an effect on my credit rating.

SIGNATURE OF APPLICANT

DATE SIGNED