**ADVANTAGE PROPERTY MANAGEMENT**

**CONDOMINIUM ASSOCIATION OF GOLF VILLAS II, Inc.**

**PERSONAL INFORMATION NEEDED FOR BACKGROUND CHECK**

**Please supply the following information to facilitate a background check on you.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_-\_\_\_\_-\_\_\_\_\_\_\_** | **\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_** |
|  **Last Name** |  **First Name** |  **Middle Name** |  |  **Social Security Number** |  |  **Date of Birth** |
|  |  |  |  |  |  |  |  |  |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Other Name(s) Maiden/Married** |  | **Driver’s License Number** |  |  **State** |
|  |  |  |  |  |  |  |  |  |
|  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Email Address** |  |
|  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ | **Telephone (**\_\_\_\_**)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |

**DISCLOSURE REGARDING**

**BACKGROUND INVESTIGATION**

Advantage Property Management (“the Company”) may obtain a “consumer report” about you from a consumer reporting agency for employment purposes. A “consumer” report is a background screening report that may contain information regarding your criminal history, driving history, and other information about you. It may bear upon your character, general reputation, personal characteristics, and/or mode of living.

# AUTHORIZATION

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, or other persons or agencies having knowledge about you to furnish SentryLink with any and all background information in their possession regarding you, in order that your residence qualifications may be evaluated. You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

# READ, ACKNOWLEDGED AND AUTHORIZED

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_