



# MAINLANDS 1 & 2 CIVIC ASSOCIATION INC.

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## ADDITIONAL OCCUPANT APPLICATION BACKGROUND SCREENING AUTHORIZATION FORM - USA

OCCUPANT INFORMATION				
<b>Name:</b>	First	Middle	Last	
<b>Address:</b>				
<b>City:</b>				
<b>State:</b>		<b>ZIP:</b>		
<b>SSN:</b>		<b>DOB:</b>		
CURRENT EMPLOYER				
<b>Company:</b>				
<b>Telephone #:</b>				
<b>Position:</b>				
<b>Salary:</b>				
<b>Date Started:</b>				
CURRENT AND PREVIOUS LANDLORDS				
<b>CURRENT</b>				
<b>Telephone #:</b>				
<b>Rental Dates:</b>	From:		To:	
<b>PREVIOUS</b>				
<b>Telephone #:</b>				
<b>Rental Dates:</b>	From:		To:	
<b>PREVIOUS</b>				
<b>Telephone #:</b>				
<b>Rental Dates:</b>	From:		To:	
By my signature, I give my full authorization to verify the above information and to obtain my Criminal History Record.				
<b>SIGNATURE:</b>		<b>DATE:</b>		
For Office Use Only				
Applicant Background Screened		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Applicant Approved		Yes <input type="checkbox"/>	No <input type="checkbox"/>	