#### THE WOODS AT ANDERSON PARK

## **Background Information Form**

Date:	
I / We,	prospective
Resident(s) for the Property located at	
file, criminal, and rental history as well as other processing this application. I/we understand the CHECK, LLC. has made an inquiry. I/we cannot	ne property manager to inquire in to my / our credit personal record, to obtain information for use in at on my / our credit file it will appear that TENANT ot claim any invasion of privacy or any other claim or the management company now or in the future.
PLEASE P	RINT CLEARLY
APPLICANT INFORMATION	APPLICANT INFORMATION
Single: Married:  Social Security #:  Date of Birth:  Driver's License :  Current Address:	Single: Married:  Social Security #:  Date of Birth:  Driver's License :  Current Address:
How Long? Landlord Name: Phone: Previous Address:	How Long? Landlord Name: Phone: Previous Address:
Have you ever been arrested?YESNO Have you ever been evicted?YESNO	Have you ever been arrested?YESNO  Have you ever been evicted?YESNO
Signature: Phone #:	Signature: Phone #:

If the wrong social security number(s) is / are submitted, a second application fee will be charged to "re-pull" the report. A credit report service providing credit reports for realtors / property managers / apartment complexes / mobile home parks / condominium associations / employers.

#### THE WOODS AT ANDERSON PARK CONDOMINIUM

### AMERI-TECH COMMUNITY MANAGEMENT 24701 US HWY 19 N. STE 102 CLEARWATER, FL 33763

# REQUEST FOR ADDITIONAL HOUSEHOLD MEMBER(S)

Unit :			
Anticipated Move in Date	e:		
Owner's Name:			
A background check will payable to <i>The Woods</i> a			<b>00</b> per person (over 18 years old) <b>s, <i>Inc.</i></b>
	estigation concern	ing this informat	is true and correct and consent ion or any information, which g of this request.
The person(s) who will already in the home are		condominium ur	nit in addition to those
Name #1:			Current Age:
Social Security:			
Automobile: Make:	Model:	Year:	State / License :
Phone:	En	nail Address:	
Name #2:			Current Age:
Social Security #:			
Automobile: Make:	Model:	Year:	State / License :
Phone:	En	nail Address:	
` ,	abide by all the cond	litions and terms th	and Regulations, and has read, nerein and all reasonable Rules
Added Resident Pr	inted Name	Add	led Resident Signature