

Manderley Homeowners Association
RESIDENTIAL SCREENING AUTHORIZATION

Print Name: _____

Address: _____

City, State, and Zip: _____

SSN: _____ DOB: _____

Current Employer

Company: _____ Tel#: _____

Position: _____

Salary: _____ N/A _____

Dates of Employment: From: _____ to _____

Current and Previous Landlords

Current Landlord: _____ Tel#: _____

Lived there from: _____ to _____

I give my full authorization to verify the above information, obtain my Criminal History Record, Credit Report, Eviction Records, Verify Current Employment, Verify Current and Previous Landlords.

SIGNATURE: _____ **DATE:** _____

Contact Company Name: _____

Contact Name: _____

