

# Pinecrest Mobile Home Park Residents, Inc.

6043 Harriet St. / Zephyrhills, FL 33542  
Phone: (813) 782-6112 / Fax: (813) 762-1441

## BACKGROUND INVESTIGATION AUTHORIZATION

I understand that Pinecrest Mobile Home Residents Inc. reserves the right to conduct background investigations concerning all tenants whether they are shareholders, non-shareholders, caregivers, sub-lessees, eligible heirs, or employees. I also understand such background investigations may be updated periodically if warranted. I understand background investigations will include gathering information from law enforcement agencies and/or criminal record searches.

I understand I have the right to make a written request within a reasonable period of time to receive information about the nature and scope of an investigative report obtained pursuant to this authorization. I understand I may request the name and address of the reporting agency furnishing such report. I understand that Pinecrest Mobile Home Residents Inc. is not responsible by law nor is it obligated in any way to provide me with a copy of any report or to disclose to me the content of any report it receives from the reporting agency. If I desire a copy of any such report, it is my responsibility to obtain a copy at my expense from the reporting agency.

I hereby release Pinecrest Mobile Home Residents Inc., its employees, and any person, association, firm, or corporation furnishing Pinecrest Mobile Home Residents Inc. with any information concerning me or my affairs from any claims, cause of action, or damages that may have or purport to have arisen by reason of having disclosed or furnished any information concerning me or my affairs, the provision of any law to the contrary being hereby waived.

(PLEASE USE INK ONLY)

Acknowledged and agreed to this Month of \_\_\_\_\_ day \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Printed First / Middle Name / Last

\_\_\_\_\_  
Other Names Used

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Birth (MM/DD/YYYY)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Home Street Address and Mailing Address, (if different)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

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## CONSUMER CREDIT DISCLOSURE FORM (Tenants)

This disclosure is made pursuant of Section 604 of the Consumer Credit Report Act of 1996. Pinecrest Mobile Home Residents Inc. reserves the right to obtain and from time to time will obtain consumer credit reports for tenant screening purposes only. Pinecrest Mobile Home Residents Inc. acknowledges that before taking any adverse action based in whole or in part on the consumer report, Pinecrest Mobile Home Residents Inc. will provide a copy of the report and a description of your rights as prescribed by the Federal Trade Commission under Section 609.

The undersigned hereby authorizes the procurement of such a report for tenant screening purposes only and hereby provides the following information to aid in the procurement of said report. The undersigned hereby expressly releases Pinecrest Mobile Home Residents Inc. and any person, association, firm or corporation furnishing Pinecrest Mobile Home Residents Inc. with such information from any claims, causes of action or damages that may have or purport to have arisen by reason of having disclosed or furnished such information, the provision of any law to the contrary being hereby expressly waived.

(PLEASE USE INK ONLY)

**Acknowledged and agreed to this Month of \_\_\_\_\_ day \_\_\_\_\_, 20\_\_\_\_\_**

\_\_\_\_\_  
**Printed First / Middle Name / Last**

\_\_\_\_\_  
**Other Names Used**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date of Birth (MM/DD/YYYY)**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Home Street Address and Mailing Address, (if different)**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip Code**