Background Request Form

APPLICANT:		SSN:	
Last First	Middle		
ALIASES:			
ADDRESS: (must be a physical address, not	P.O. number)		
Street Address City Co	ounty State	e Zip	_
PREVIOUS ADDRESS:	additional pages if necessary.)	1	
DRIVER'S LICENSE :	State		
DATE OF BIRTH: Month / Date / Year	PHONE	:	
REQUESTED BY:	D	ATE:	
I understand that in connection with the tenant scr licensed investigations agency, to conduct a bac purposes only. The report may contain informatic of the search may include but not be limited to crim vehicle records, fictitious business filings, degree make the aforementioned files available for my rev	kground check and provide a on on my character, general re ninal convictions, civil filings, s confirmation, and past employ	n investigative consumer report to putation, personal characteristics, a cocial security number, credit worthin	be used for employmen and mode of living. Areas ness, department of moto
To obtain a free copy of the report please check th	e box. []		
If any adverse action is taken, with regard to my a be notified of that decision and provided a copy of			tive consumer report I wil
I have provided complete and truthful information material omissions concerning the information pro			any misrepresentations of
My signature below indicates I have carefully read American Indian Arts for tenant screening purpose			
Applicant's Signature/Consent Rev 10-2004		Date	