

CREDIT REPORT AUTHORIZATION FORM

Community Association Management by Stacia
1800 2nd. Street, Suite 717, Sarasota, Florida, 34236
(941) 315-8044
michelle@cam-ss.com

By my signature below I, _____,
AUTHORIZE Community Association Management by Stacia of 1800 2nd. Street, Suite 717, Sarasota,
Florida, 34236 to obtain a Background Check and / or Consumer Credit Report on me.

This authorization is valid for purposes of verifying information given pursuant to
employment, leasing, rental, business negotiations, or any other lawful purpose covered
under the Fair Credit Reporting Act (FCRA).

The Background Check may contain information available in the Public Domain but may
not include interviews with persons other than previous employers or their agents.

By my signature below, I hereby authorize all corporations, former employers, credit
agencies, educational institutions, law enforcement agencies, city, state, county and
federal courts and agencies, military services and persons to release all information they
may have about me including criminal and driving history. This authorization shall be
valid in original or copy form.

Applicant's Name: _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____

Current Street Address: _____ City: _____

State: _____ Start Date: _____

Prior Street Address: _____ City: _____

State: _____ Start Date: _____ End Date: _____

Prior Street Address: _____ City: _____

State: _____ Start Date: _____ End Date: _____

Driver's License #: _____ State: _____

Signature: _____ Date: _____

****NOTE: PLEASE INCLUDE A COPY OF A VALID DRIVERS LICENSE****