

## **CONFIDENTIAL**

## Background Check Authorization

Print Name: (First Name)	(Middle Name)	(Last Name)
Current Address:(Street)	(Cit	y, State, Zip)
County of Current Address:		
Social Security Number:		
Date of Birth:		
The information contained in this ap	plication is correct to the best of r	my knowledge.
I hereby authorize Indian Lake Na conduct a comprehensive review of causing a consumer report and/or a screening, employment and/or volumeport/ investigative consumer report/ investigati	of my background (such as creding investigative consumer report to the nteer purposes. I understand that ort may include, but is not limiter; credit reports, current and procriminal justice agency in any o	t, criminal, tenant history to be generated for residenthe scope of the consume ted to the following areas evious residences; civil and rall federal, state, country
Signature:	Da	te: