



ALPHA BACKGROUND INVESTIGATIONS, LLC
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**AUTHORIZATION TO OBTAIN RECORDS AND OTHER
INFORMATION FOR TENANT SCREENING PURPOSES**

PLEASE READ CAREFULLY BEFORE SIGNING
WAIVER

I, _____, acknowledge and agree that ABI and Alpha Background Investigations, agent acting on behalf of ABI may obtain a consumer report as a condition of the Tenant Screening Process and, if accepted as a Tenant at any time during my residency.

I hereby authorize any and all persons, entities, companies, consumer reporting agencies, institutions and government agencies to release any information and records they may have concerning my background and qualifications for residence. All information received will be in strict compliance with all federal and state laws including the Fair Credit Reporting Act 15 U.S.C. 1681 et seq., Privacy Act Title 28 (Public Act 93-579) 5 U.S.C. 552(a), Freedom of Information 5 U.S.C., 552, etc.

I understand and agree that ABI and Alpha Background Investigations have no duty to investigate the correctness of information received from others and that ABI may rely on and base its decision solely upon the information contained in such consumer reports. I agree that a photographic or facsimile copy of this document shall be as valid as the original.

Standard Services: SS Verification, Criminal History, Credit History, Social Security Trace, Eviction Records, Reference Check

APPLICANT'S FIRST NAME:	
APPLICANT'S MIDDLE NAME/INITIAL:	
APPLICANT'S LAST NAME:	
APPLICANT'S MAIDEN NAME:	
APPLICANT'S SOCIAL SECURITY NUMBER:	
APPLICANT'S DATE OF BIRTH:	
APPLICANT'S DRIVER'S LICENSE NUMBER:	
STATE ISSUED:	
ADDRESS	
CITY/STATE/ZIP	
EMAIL ADDRESS:	

I have read and fully understand the above release.

Print Name

Signature of Tenant

Date