

# Criminal Background Check

-ALL FIELDS MUST BE COMPLETED-

## APPLICANT INFORMATION

PLEASE PRINT

APPLICANT'S FULL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

INSTANT IN-STATE CHECK / PLEASE INDICATE STATE: \_\_\_\_\_

IF NATIONWIDE CHECK IS REQUESTED, PLEASE ENTER "NATIONWIDE."

## CUSTOMER INFORMATION

PLEASE PRINT

THE UNDERSIGNED CUSTOMER HEREBY ATTESTS THAT WRITTEN CONSENT HAS BEEN RECEIVED BY THE APPLICANT NAMED ABOVE FOR THE PURPOSE OF OBTAINING A CRIMINAL BACKGROUND CHECK. THE UNDERSIGNED ALSO AGREES TO HOLD INFORMATION IN STRICT CONFIDENCE, AND THAT A COPY OF THE BACKGROUND CHECK IS NEVER TO BE GIVEN TO THE APPLICANT FOR WHICH IT IS BEING REQUESTED. FAILURE TO COMPLY WILL RESULT IN IMMEDIATE TERMINATION OF SERVICE, WITHOUT WARNING, AND THAT LANDLORD SERVICES CORP. WILL BE RELEASED OF ANY AND ALL LIABILITY.

COMPANY NAME: \_\_\_\_\_

RETURN FAX NUMBER: \_\_\_\_\_

SUBSCRIBER NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_