

**AUTHORIZATION OF A CONSUMER AND/OR INVESTIGATIVE
CONSUMER REPORT (TENANT)**

I, the undersigned consumer, do hereby authorize Fidelity Data Service to procure a consumer report and/or investigative consumer report on me. I understand that this authorization and release shall be valid for subsequent consumer and/or investigative consumer reports during my period of tenancy. These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, and personal characteristics, discerned through employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; any other public record. I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to Fidelity Data Service by and through its' independent contractor, including, but not limited to any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources. I further authorize the Home Owners Association, Condominium Association or Cooperative Association to share a copy of this investigative report with the Owner (landlord), if requested, for their review on a confidential basis in order for them to determine my suitability as a renter. I understand that they will only review the investigative report and will not be given the report either in whole or in part. I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to Fidelity Data Service, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681et. seq. and Cal. Civ. Code § 1786.

Signature: _____

Print Name: _____ Date: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

**IDENTIFYING INFORMATION FOR CONSUMER REPORTING
AGENCY**

(PLEASE PRINT OR TYPE)

SOCIAL SECURITY NUMBER

DRIVER'S LICENSE NUMBER & STATE

DATE OF BIRTH*

GENDER* (M or F)

LAST NAME

FIRST NAME

MIDDLE NAME

OTHER NAMES USED (alias, maiden, nickname)

YEARS USED _____

CURRENT STREET ADDRESS

CITY

STATE

ZIP

DATES LIVING HERE _____

PLEASE LIST ALL ADDRESSES FOR LAST SEVEN (7) YEARS
(If you need additional space please use the back of this form)

STREET/P.O. BOX

CITY

STATE ZIP

DATES LIVED HERE _____

STREET/P.O. BOX

CITY

STATE ZIP

DATES LIVED HERE _____

STREET/P.O. BOX CITY STATE ZIP

DATES LIVED HERE _____

STREET/P.O. BOX CITY STATE ZIP

DATES LIVED HERE _____