

All Non-US citizens must sign this additional authorization form to complete the background check.

AUTHORIZATION TO RELEASE BANKING, CREDIT, RESIDENCE, EMPLOYMENT, AND POLICE
RECORD INFORMATION

I have named you as a reference on my application for residency.

You are hereby authorized to release and give to the below mentioned party(s) or their Attorney or Representative, any and all information they request concerning my banking, credit, residence, employment, and background in reference with my/our application made for residency.

DESIGNATED PARTY: RENTERS REFERENCE OF FLORIDA

I hereby waive any privileges I may have with respect to the said information in reference to its release to the aforesaid party(s).

Photocopies of this Authorization may be made to facilitate multiple inquiries. In the event you do receive a photocopy of this Authorization, It should be treated as an original and the requested information should be released to facilitate my/our application for residency. Results may take up to 30 days.

(Applicant's Signature) (Applicant's Name Printed)

(Spouse's Signature) (Spouse's Name Printed)

DATE _____

Brookridge Community Property Owners, Inc.
7300 Brookridge Central Blvd
Brooksville, FL 34613
(352) 596-0696 Fax (352) 597-8174

SCREENING APPLICATION

Neatly complete all information below. Each applicant over the age of 18 must complete and sign their own application.
All applicants must provide a photocopy of Drivers License or Identification Card (enlarged to 150% and in color).

Applicant _____ Phone # _____ DOB _____

Social Security # _____ Drivers License # _____ State _____ Exp. _____

Current Address _____ City _____ State _____ Zip _____

Non US Citizens Country _____ Province _____

Current or Previous Landlord Name _____ Phone _____

Current or Previous Address _____

How long at this address _____ Reason for leaving _____

Total number of adults to reside at residence _____ Total number of children under 18 to reside at residence _____

Service Members Chapter No 2016:242 Effective 7/1/2016 All United States Armed Forces serving on active duty or State active duty and all members of the Florida National Guard and United States Reserve Forces must, within 7 days, be notified in writing of and approval or denial and if denied the reason for denial.

Active Military Service Member as defined above? Initial if yes _____ Date: _____

I CERTIFY that the answers/information given herein is true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for screening as may be necessary in arriving at a decision. I understand that BCPO may terminate any rental agreement entered into for any misrepresentation made.

Brookridge Community Property Owners, Inc. is a 55 or above age restricted community.
I understand at least one occupant must be the age of 55 or older

Applicant Signature _____ Date _____

Received from applicant (s) a non-refundable screening processing fee of **\$50 per person** over 18 years old

Check # _____ Date _____

Make Check Payable to BCPO and return to above address.

BROOKRIDGE ACCOUNT#/UBL# _____

BROOKRIDGE PROPERTY ADDRESS: _____

BUYING RENTING LIVE-IN