

Madison Place, LLC
604 North Greece Road, Rochester, New York 14468
Phone: 585-392-2177
Fax: 585-392-2133
www.madisonplacecommunity.com

TENANT INQUIRY RELEASE

I understand that investigative inquires on my background, in accordance with the Fair Credit reporting Act and all state and federal laws, are to be made on me, including information as to my personal character, abilities, work habits, mode of living, residency, immigration status, general reputation, performance, experience, and other qualities.

I understand that Madison Place, LLC may make inquiries, including but not limited to my consumer credit history, education, professional licensing, criminal history and driving history. Futhermore, I understand that Madison Place, LLC may request information from various federal, state and other agencies that maintain records concerning my past driving history, credit history, criminal history, military history, civil and other experiences, as well as claims involving me in the files of insurance companies.

Upon written request, I will be informed whether an investigative consumer report was requested and will be given full information as to the nature and scope of this investigation, as well as the name of the reporting agency or sources of information.

I authorize without reservation, any party (including, but not limited to, employers, law enforcement agencies, state agencies, institutions and private information bureaus or repositories) contacted by Madison Place, LLC to furnish any or all of the above mentioned information. In addition, I hereby release Madison Place, LLC from any and all liability for damages arising from the investigation and disclosure of the requested information. I further release and discharge all liability from all companies, agencies, officials, officers, employees and other persons, who, in good faith, provide to Madison Place, LLC the above mentioned information as requested, in order to successfully complete my background investigation. I will allow a photocopy of this authorization to be as valid as the original.

Full name: _____ E-Mail: _____

Social Security Number _____ * Date of Birth: _____

Current Address: _____

City/State/Zip: _____

Phone Number: _____ Drivers License # _____ State _____

Applicant's Signature: _____ Date: _____

Please include a photocopy of applicant's picture ID with signature. Date of Birth is being requested only for purpose of identification in obtaining accurate retrieval of records, and will not be used for discriminatory purposes.