|  |
| --- |
| Printed Full Name Primary Applicant |
| Current Address |
| SSN | Birth Date | Driver’s License Number |
| Home Phone | Cell Phone |
| Current Employer Primary Applicant | Supervisor |
| Employer Address |
| Employer Phone Number | May We Verify Employment? |
| Printed Full Name Secondary Applicant |
| Current Address |
| SSN | Birth Date | Driver’s License Number |
| Home Phone | Cell Phone |
| Current Employer Secondary Applicant | Supervisor |
| Employer Address |
| Employer Phone Number | May We Verify Employment? |

The information contained in this application is correct to the best of my knowledge. I hereby authorize David and or Lisa Burke, known as DLB Rental Property LLC to conduct a comprehensive review of my background causing a consumer report and/or investigative consumer report to be generated for rental property. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of current and previous residences; employment history, credit reporting, character references and civil and criminal history records, from any criminal justice agency in any or all federal, state, county jurisdictions; and any other public records.

I further authorize any individual, company, firm, corporation, or public agency and law enforcement agencies to divulge any and all information, verbal or written, pertaining to me, to David and or Lisa Burke, known as DLB Rental Property LLC.

I hereby release David and Lisa Burke, any individual, company, firm, corporation, or public agency and law enforcement, including employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to, my heirs, family, or associates because of compliance with this authorization and request to release.

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**