

USHII VERIFIED
Tenant Screening Authorization and Release Form

**Please fax this
completed and
signed form to:
866-647-3118**

NAME OF PROPERTY OWNER:

A. In connection with my application as a tenant, I hereby authorize the above named Property Owner and its designated agents and representatives to conduct a background investigation to obtain information relating to my character, work habits, performance and to verify the accuracy of the information which I have provided on my rental application or release.

B. I understand the scope of the investigation may include, but will not be limited to the following: Character References, Consumer Credit History (in compliance with the Fair Credit Reporting Act), Criminal Records, Civil Court Records, Current and Past Residence Verifications, Social Security Trace, Driving Records and additional services. I permit the acquisition of a driving record or abstract by United States Homeland Investigations and their authorized representatives. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during my tenancy. I understand that I must provide my date of birth to adequately complete said screening and acknowledge that my date of birth will not affect any residency decisions.

C. I authorize, without reservation, any law enforcement agency, business, individual, school, employer, information service bureau or public agency to release any and all information, verbal or written, pertaining to me.

D. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for federal, state and county agencies.

E. Minnesota, Oklahoma and California applicants only: If you want a copy of the report(s) ordered, check this box. ☐
The report(s) will be sent by the reporting agency to you at the current address below.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purposes. I hereby release the property owner, agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

This authorization shall be valid for the term of my affiliation with the above named Property Owner.

NOTE: PLEASE COMPLETE ALL FIELDS. FAILURE TO DO SO COULD RESULT IN DELAYED TURNAROUND OR INACCURATE SCREENING RESULTS. PLEASE TYPE ALL INFORMATION INTO THE FIELDS BELOW, PRINT AND SIGN. THANK YOU!

First Name

Middle Name

Last Name

Date of Birth

Social Security Number

Current Street Address

City

State

Zip Code

Daytime Phone

Evening Phone

Email Address

Driver's License Number

State of Issue

PLEASE LIST ANY OTHER ADDRESSES WHERE YOU HAVE RESIDED OTHER THAN CURRENT ADDRESS:

Street Address

City

State

Zip Code

Street Address

City

State

Zip Code

Street Address

City

State

Zip Code

HAVE YOU EVER BEEN CONVICTED, PLEAD GUILTY OR NO CONTEST TO ANY FELONY OR MISDEMEANOR OFFENSES?

☐

YES

☐

NO

If yes, what was the offense, offense date and city/state?

Other Names Used (Maiden/Alias)

Please review the statements below and put a checkmark next to each statement as an acknowledgement that you understand and agree with each statement.

- ☐ I understand United States Homeland Investigations is only performing the tenant background screening and has no part in decision-making process.
- ☐ I grant permission to United States Homeland Investigations, Inc. (USHII) and its designated agent to conduct a background screening as stated above and I agree to all statements on page 1 and 2 of this release authorization.
- ☐ I understand any intentional falsification of data requested could be cause for denial of rental property.
- ☐ I understand that I must fax a this signed and completed authorization form and a copy of my driver's license to **866-647-3118** before my screening will be started.
- ☐ Please release a copy of my background screening report to the Property Owner listed on Page 1 of this Authorization Form.

By signing this form, you agree to all the statements listed above and certify all the information you provided is true and accurate.

Full Name

Signature

Date