

# Safe Rent

## Copy of Driver's License or ID is Necessary

OFFICE USE ONLY

Paid: \_\_\_\_\_

Lot #: \_\_\_\_\_

Clerk: \_\_\_\_\_

Occupant Only: YES / NO

### AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND / OR INVESTIGATIVE REPORT

I, the undersigned consumer, do hereby authorize **MID-ATLANTIC/REHOBOTH SHORES** by and through its independent contractor, **Safe Rent**, to procure a consumer report and/or investigative consumer report on me.

These above-mentioned reports may include, but are not limited to, employment and education verification; personal references; personal interviews; my personal credit history based on reports from any credit bureau; driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; any other public records; and, any other information bearing on my credit standing, credit capacity, credit worthiness, character, general reputation, personal characteristics, trustworthiness and/or mode living.

I understand that the investigative consumer report I have authorized above may include information obtained by interviews with my neighbors, friends and/or associates and/or others with whom I am acquainted or who may have knowledge concerning said information. I understand that I will also receive a written disclosure of my rights under **FCRA 15 U.S.C. 1681** with the nature and scope of any investigative consumer report prepared on me upon my written request to **Safe Rent** that is made within a reasonable time after the date hereof.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to **MID-ATLANTIC/REHOBOTH SHORES**, by and through **Safe Rent**, including, but not limited to any courthouse, any public agency, any and all law enforcement agencies and any and all credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release **MID-ATLANTIC/REHOBOTH SHORES, Safe Rent** and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, of whatever kind, to me, my heirs or others making such claim or demand on my behalf, for procuring, selling, providing, brokering and/or assisting with the compilation or preparation of the consumer report and/or investigative consumer report hereby authorized.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

# Safe Rent

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**For Mid-Atlantic Use Only:**

Sent by: \_\_\_\_\_

For: Residence: \_\_\_\_\_ Employment: \_\_\_\_\_

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*Applicant, please complete the following section.*

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Other Names Used (Past 7 Years)

\_\_\_\_\_  
Years Used

MALE: ( ) FEMALE: ( )

\_\_\_\_\_  
Current Address (City, State, Zip)

\_\_\_\_\_  
Country of Residence

**ADDRESSES FOR THE PAST SEVEN YEARS**

**DATES LIVED HERE**

\_\_\_\_\_  
City State County Zip Code

\_\_\_\_\_  
City State County Zip Code

\_\_\_\_\_  
City State County Zip Code

\_\_\_\_\_  
City State County Zip Code

\_\_\_\_\_  
City State County Zip Code

\_\_\_\_\_  
City State County Zip Code

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**Safe Rent Use Only:**

Date Ordered: \_\_\_\_\_

Result Date: \_\_\_\_\_

Is Application Approved? ( ) YES ( ) NO

**Please attach printed copy of report to this form.**