

BeauMer Condominium Association
801-807 River Point Drive
Naples, FL 34102

**DISCLOSURE AND AUTHORIZATION AGREEMENT
REGARDING CONSUMER REPORTS**

DISCLOSURE

A consumer report and/or investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, criminal record, education, qualifications, motor vehicle record, mode of living, credit and/or indebtedness may be obtained in connection with your application for and/or continued residence. **A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your residence.** Upon timely written request of the management, and within 5 days of the request, the name, address and phone number of the reporting agency and the nature and scope of the investigative consumer report will be disclosed to you. Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, and a summary of your rights under the Fair Credit Reporting Act.

AUTHORIZATION

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, or other persons or agencies having knowledge about you to furnish Sandcastle CM with any and all background information in their possession regarding you, in order that your residence qualifications may be evaluated, You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

READ, ACKNOWLEDGED AND AUTHORIZED

_____ **PRINT NAME**

_____ **SIGNATURE** _____ **DATE**

- For California, Minnesota or Oklahoma applicants only, if you would like to receive a copy of the report, if one is obtained, please place an "X" on the circle.

RESIDENTIAL SCREENING AUTHORIZATION

First name: _____ Middle: _____ Last: _____

Address: _____

City: _____ State: _____ ZipCode: _____

SSN: _____ DOB: ____/____/____

Tel/Cell: _____ Email: _____

Siganture: _____ Date: ____/____/____

I have read and signed the Disclosure and Authorization Agreement.

First name: _____ Middle: _____ Last: _____

Address: _____

City: _____ State: _____ ZipCode: _____

SSN: _____ DOB: ____/____/____

Tel/Cell: _____ Email: _____

Siganture: _____ Date: ____/____/____

I have read and signed the Disclosure and Authorization Agreement.

First name: _____ Middle: _____ Last: _____

Address: _____

City: _____ State: _____ ZipCode: _____

SSN: _____ DOB: ____/____/____

Tel/Cell: _____ Email: _____

Siganture: _____ Date: ____/____/____

I have read and signed the Disclosure and Authorization Agreement.