## Atlantic Realty Management Application for Residency Instruction Sheet (Please Read Carefully)

- There is a \$50.00 non-refundable application fee <u>per applicant or occupant</u> over the age of 18 that must accompany this application in the form of money order. No checks will be accepted.
- 2. Please read the application carefully and complete every blank that applies to you, the coapplicant or occupants of the home. If certain items do not apply to you, your co-applicant or occupants, please mark the blanks "N/A." INCOMPLETE APPLICATIONS WITHOUT THE REOUIRED SUPPORTING DOCUMENTS WILL NOT BE PROCESSED.
- 3. All applicants and potential occupants over the age of eighteen (18) must sign the form "Permission to Disclose and Openly Discuss Credit and Criminal History", as well as the criminal questioneer an authorization to run credit/criminal.
- 4. All applicants must provide proof of income.
- 5. You must be able to provide a minimum of 1-year proof of income.
- 6. Applicants must provide two forms of identification.
- 7. It is mandatory that you provide us with a copy of your purchase agreement and a title if applicable in order to demonstrate "proof of ownership" and the amenities package of your manufactured home. This form must be provided in order to process the application. A copy of this form will remain in your file with a copy of your lease, if approved.
- 8. All persons listed on the title of your home, must complete and sign the Application for Residency.
- 9. At least one person on the title must reside in the home.
- 10. The pet application must be completed if you wish to bring a pet into the community. We ask that you sign this form even if you will not be bringing a pet into the community as acknowledgment that you are aware of our pet policy.
- 11. It normally takes seven (7) to ten (10) business days to process your application for residency. Providing all forms are completed accurately and required information for the application are returned, your application will be processed electronically as quickly as possible through federally authorized agencies. Timely response from the agency will depend on each individual background check. You will be contacted by Atlantic Realty Management, LLC with said results.
- 12. Please contact our community office when your application is complete to schedule an appointment to review your application.

Atlantic Realty Management 31052 Shady Acres Ln Laurel, DE 19956 302-875-9571 or 9572 office 302-875-9574 fax carol@arealmgt.com paula@arealmgt.com

## ATLANTIC REALTY MANAGEMENT CHECKLIST FOR ALL APPLICANTS

Please use this form as you complete the Application for Residency. As each item needed for the application is gathered, check it off on the list below. This will ensure that when you return the Application for Residency to Atlantic Realty Management, LLC, you will have all the supporting documents needed.

1,	\$50.00 Non-refundable application fee per applicant over the age of 18 in the form of money order.
2.	Provided proof of income for at least 1 year.
3.	Provided signed copies of federal income tax returns for the previous two years, if self- employed.
4.	Provided verification of any additional income used to determine eligibility. (i.e. disability, pension or other form of retirement income, social security, child support). Note: All income stated on the application must have supporting documentation.
<b>5</b> .	Provided 2 forms of ID for anyone who will be residing in the home.
6.	Provided a copy of the title to the home or a copy of the purchase agreement.
7.	Completed the pet application, have provided pictures of the pet, copy of shot record (rabies) and a copy of pet license.

## ATLANTIC REALTY MANAGEMENT APPLICATION FOR RESIDENCY

IMPORTANT: Please take care in completing this application. Make sure all information you provide is complete and accurate. State laws provide that a community owner may evict a resident for intentionally making false or misleading statements on any application for residency.

#### PERSONAL INFORMATION (PLEASE PRINT)

Name Last		First	Middle Initia
Social Security #		_	Date of Birth
Driver's License #			Issuing State
APPLICANT 2			
Name Last		First	Middle Initial
Social Security #			Date of Birth
Driver's License #			Issuing State
OCCUPANTS RESIDING IN T	HE HOME		
Name			
Date of birth	SS#		Relationship
Name			
Date of birth	SS#		Relationship
Name			
Date of birth	SS#		Relationship
	hat will recide in t	the home in	cluding you

NOTICE: In order to obtain a Rental Agreement, it is <u>mandatory</u> that you provide us with a copy of the title or purchase agreement to the home to show "Proof of Ownership" of the manufactured home. This copy will remain in your file along with a copy of your Rental Agreement. During the term of tenancy, you are required to notify the community owner of any changes in the number, identity, or status of the occupants of the home listed herein.

#### MANUFACTURED HOME INFORMATION

<ul> <li>I/we are purchasing the following manufactured home         <ul> <li>Model home currently in an ARM community.</li> <li>New manufactured home being brought into an ARM community.</li> <li>Pre-owned model or privately owned home currently in an ARM community.</li> <li>Bank owned home currently in an ARM community.</li> <li>Pre-owned manufactured home being brought into any ARM community.</li> <li>(All pre-owned homes must be approved and are subject to a \$50.00 non-refundable inspection fee</li> </ul> </li> </ul>				
Name of retailer or party selling t	the home:			
Name of sales associate (if being	purchased new from a retai	ler):		
Address and phone number of reta				
Current location of home:				
Size of home: (Excluding hitch)	Manufacturer:	M	odel:	
Serial number:		Year of home:		
Number of bedrooms: N	umber of bathrooms:			
Electrical service required:1	00 amp 200 amp	Type of Heat:	_ LP gas electric	
Does your home have? washe (Please check all that apply)		dishwasher	central air	
Note: Garbage disposals are not	permitted!			
FINANCING INFORMATION:				
Name of Lending Institution:				
Address of Lending Institution:				
Phone #	Contact Person:	100		
Amount Financed \$	Monthly Payment \$_	Fi	nanced for years	

#### APPLICANT 1 INFORMATION

	City	State	Zip
	Cell phone	(Including a	rea code)
	Other	(explain)	
	Landlord's	Phone #	
	zarrator a c	(Inclu	uding area code)
	City	State	Zip
	Landlord's	Phone #	
ng with yo	u:		
of emergen	cv:		
J	*		
Supervis	or	Phone#	(including area code)
(	City	State	Zip
Length o	of employn	nent:Ye	ars Months
Weekly	net incon	ne (after dedu	ıctions)\$
		`	, · ——
Supervis	or	Phone #	(including area code)
-			
	City	State	Zip
	yment: _	Years	_ Months
Weekly I	Net Incom	e (After Deduc	ctions)\$
	relative  ng with yo  of emergen  Supervis  Length of  Weekly  Supervis	Current m relative Other Landlord's  City Landlord's  ng with you:  of emergency:  Supervisor  City Length of employn Weekly net incon  Supervisor  City  h of Employment:	Cell phone #

## APPLICANT 1 INFORMATION (page 2)

Do you own any of the following (please note travel/utility traile If YES to any above, please prov	ers, boats c	or RV's are not per	mitted to stay in t	State meBoatMotorcycle the community)
Do you own any of the following (please note travel/utility traile If YES to any above, please prov	Year g: Tracers, boats of	avel or utility trail or RV's are not per	er Motor Hor mitted to stay in t	meBoatMotorcycle the community)
	g: Tra	avel or utility trail or RV's are not per	er Motor Hor mitted to stay in t	meBoatMotorcycle the community)
(please note travel/utility traile	ers, boats c	or RV's are not per	mitted to stay in t	the community)
CREDIT REFERENCES:				
Name and address of creditor		Account #		Monthly Payment
Name and address of creditor		Account #		Monthly Payment
Name and address of creditor		Account #		Monthly Payment
CRIMINAL BACKGROUND: Have you ever been convicted o	f a Crimina	al Offense?	YesNo	If YES, please EXPLAIN:
Have you ever been convicted o	f a Drug Re	elated Offense?	Yes No	If YES, please EXPLAIN:
PERMISSION TO DIS	CLOSE AND O	PENLY DISCUSS CREDI	T, CRIMINAL, AND EM	PLOYMENT HISTORY
I hereby authorize Atlantic Real it deems necessary, for the pur include, but is not limited to, comployment/salary details, veh hereby expressly release Atlantiany liability what-so-ever in the application information may be without limitation, various law form may result in untimely defany negative history may be real	rpose of extredit histomicle recordic Realty Metuse, prociprovided to enforcementals in provides in provided in provided to enforcementals in provided to enforcementals.	valuating my applory, civil and crimings, licensing recolanagement, LLC aurement, or furnisto various local, stent agencies. Acocessing my applice	ication. I underst nal information, r rds, and or any o nd any procurer o hing of such inforn ate and or federal dditionally, I unde cation or can be g	tand that such information records of arrest, rental his other necessary information furnisher of information, mation, and understand that government agencies includes that the sigr
Applicant 1 Signature			 Date	

#### APPLICANT 2 INFORMATION

Present address: Street number, name or	- DO Roy	City	State	Zip
		•		•
Present phone #(Including area code)		Cell phor	ne #(Including are	ea code)
How Long at Present Address Years			nonthly paymer	
Do You? Own Rent	Live with re	lative Othe	r (explain)	
Landlord's Name:		Landlord	's Phone #(Inclu	ding area code)
Previous Address:				
Previous Address: Street number, name of	or PO Box	City	State	Zip
Previous Landlord's Name:		Landlord	's Phone #(Inclu	ding area code)
Name, address and phone# of nearest relati	ve not living			
Hame, address and phonon of hearest recar.				
		am organicul		
Name and phone # of person to contact in the	ie event or e	emergency		
				×
EMPLOYMENT:				
Present occupation:				
Present employer:				
Company	9	Supervisor	Phone#	(including area code)
Employer's complete address:		and the second	C	7:
Street number	r, name	City	State	Δ1p
Position held:		ength of employ	ment: Yea	rs Months
Weekly gross income (before deductions) \$_		Weekly net inco	me (after deduc	ctions)\$
Previous Employer:				
Company	2	Supervisor	Phone #	(including area code)
Employer's Complete Address:				
Street Number	r, Name	City	State	Zip
Position Held:	Length o	f Employment:	Years	Months
Weekly Gross Income (Before Deductions)\$_		Weekly Net Incon	ne (After Deduc	tions)\$
Reason for Leaving:				

## APPLICANT 2 INFORMATION (page 2)

Applicant 1 Signature		· · · · · · · · · · · · · · · · · · ·	Date			
include, but is not limited to, employment/salary details, whereby expressly release Atlarany liability what-so-ever in tapplication information may be without limitation, various la	credit historehicle recorentic Realty Meneral	ry, civil and crimir ds, licensing recordanagement, LLC ar urement, or furnish to various local, statent agencies. Adocessing my applications	nal information, reds, and or any one any procurer of any procurer of any of such informate and or federal ditionally, I underston.	ecords of arrest, rental history		
hereby authorize Atlantic Re	ealty Manage	ment, LLC to obta	in a consumer re	PLOYMENT HISTORY  port, and any other information  and that such information ma		
Have you ever been convicted	of a Drug Re	elated Offense?	_Yes No	If YES, please EXPLAIN:		
CRIMINAL BACKGROUND: Have you ever been convicted	of a Crimina	al Offense?	Yes No	If YES, please EXPLAIN:		
Name and address of creditor		Account #		Monthly Payment		
Name and address of creditor		Account #	d	Monthly Payment		
Name and address of creditor		Account #		Monthly Payment		
CREDIT REFERENCES:						
If YES to any above, please pr	ovide details	i				
Do you own any of the following: Travel or utility trailer Motor HomeBoatMotorcycle (please note travel/utility trailers, boats or RV's are not permitted to stay in the community)						
	2. Year	Make	Tag#	State		
VEHICLE INFORMATION:	1 Year	Make	Tag #	State		

## ALL POTENTIAL CCUPANTS OF THE HOME THAT ARE 18 YEARS OFAGE OR OLDER MUST SIGN BELOW

## PERMISSION TO DISCLOSE AND OPENLY DISCUSS CREDIT, CRIMINAL AND EMPLOYMENT HISTORY

I hereby authorize Atlantic Realty Management, LLC to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and or any other necessary information. I hereby expressly release Atlantic Realty Management, LLC and any procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state and or federal government agencies including without limitation, various law enforcement agencies. Additionally, I understand that refusal to sign this form may result in untimely delays in processing my application or can be grounds for denial of residency. Any negative history may be reason for denial of this application.

Print Name	
Occupant's signature	Date
Social Security #	Date of Birth
Print Name	
Occupant's signature	Date
Social Security #	Date of Birth
Print Name	<del></del>
Occupant's signature	Date
Social Security #	Date of Birth

#### VERIFICATION OF EMPLOYMENT FOR APPLICANT 1

DATE:	Ministry and American Company of the	
TO:	)—	
The fol Has ap submit	llowing individual,	, Social Security #, with Atlantic Realty Management. The information ployed by your company.
Will yo	ou kindly reply to the inquiry below regardin ence and we will in no way hold you responsible	ng this applicant? Your reply will be held in strict for your responses.
1.	Length of employment: From	to
2.	Is applicant paid weekly, bi-weekly or monthly	
3.	Applicant's rate of pay?	Per hour Per week Per Year
4.	Is Applicant? Full time	Part time
5.	Is Applicant? Year round	Seasonal
6.	Comments:	
Signatı	ure of person supplying information	Date
Name o	of company	
Appli	cant - Please complete ONLY this porti	on below!
I,	t your name	Print name of company
employ	ease information regarding my employment hi y to ATLANTIC REALTY MANAGEMENT, LLC. d all liability, which may result in furnishing s	story, services, character and conduct while in your Atlantic Realty Management, LLC releases you from uch information.
Signatu	ure of Applicant 1	Date
Witnes	S	Date

#### **VERIFICATION OF RESIDENCY FOR APPLICANT 1**

DATE:						
TO:						
The fo	llowing individual,has applied for residency for he information submitted states that he or s	, Social Security # if applicable r a managed community with Atlantic Realty Managem ne, was or is, a resident of your community.				
Will yo	ou kindly reply to the inquiry below rega ence and we will in no way hold you responsil	rding this applicant? Your reply will be held in stole for your responses.				
1.	Length of residency: From	to				
2.	2. Resident(s) monthly rental amount \$					
3.	Does resident always pay on time? YES	NO				
	If NO, how many times has resident been la	te?				
4.	Is the resident being asked to leave?Y	ES NO				
5.	Comments:					
Signati	ure of person supplying information	Date				
Name	of Company					
<u>Appli</u>	cant - Please complete ONLY this po	rtion below!				
I,	t your name	uthorize Print name landlord or community				
reside	ease information regarding my payment h nce to ATLANTIC REALTY MANAGEMENT, LI d all liability, which may result in furnishin	nistory, services, character and conduct while in y .C. Atlantic Realty Management, LLC releases you fi g such information.				
Signat	ure of Applicant 1	Date				
Witne	SS	Date				

#### **VERIFICATION OF EMPLOYMENT FOR APPLICANT 2**

DATE:			
то:		ž	
The follo	owing individual,has applied for residence e information submitted states that he	Social Security # if applicable community with Atlantic Realty Management currently, employed by your company.	
	ı kindly reply to the inquiry below r ice and we will in no way hold you respo		plicant? Your reply will be held in strict sponses.
1.	Length of employment: From		to
3. 1	s applicant paid weekly, bi-weekly or m	onthly?	*
3. /	Applicant's rate of pay?		Per hour Per week Per Year
4.	Is Applicant? Full time	Part time	
5. I	s Applicant? Year round	Seasonal	
7. (	Comments:		
2			
Signature	e of person supplying information	D	ate
Name of	company		
	ant - Please complete ONLY this	portion below	<u>v</u> ! **
l, Print	your name	, authorizeP	rint name of company
employ	ise information regarding my employm to ATLANTIC REALTY MANAGEMENT, all liability, which may result in furnis	LLC. Atlantic Ro	vices, character and conduct while in your ealty Management, LLC releases you from action.
Signature	e of Applicant 1	Da	ate
Witness			ate

#### **VERIFICATION OF RESIDENCY FOR APPLICANT 2**

DATE:						
TO:						
The fo	llowing individual,has applied for residen he information submitted states that he c	, Social Security # if applicable cy at managed community with Atlantic Realty Management r she, was or is, a resident of your community.				
Will y	ou kindly reply to the inquiry below rence and we will in no way hold you respo	egarding this applicant? Your reply will be held in stric nsible for your responses.				
1.	Length of residency: From	to				
3.	3. Resident(s) monthly rental amount \$					
3.	Does resident always pay on time?	YES NO				
	If NO, how many times has resident bee	n late?				
4.	Is the resident being asked to leave? $\_$	YES NO				
6.	Comments:					
Signati	ure of person supplying information	 Date				
Signati	re of person supplying information					
Name	of Company					
<u>Appli</u>	cant - Please complete ONLY this	portion below!				
l,		, authorize Print name landlord or community				
reside	ease information regarding my paymen nce to ATLANTIC REALTY MANAGEMENT d all liability, which may result in furnis	nt history, services, character and conduct while in you, LLC. Atlantic Realty Management, LLC releases you fron hing such information.				
Signat	ure of Applicant 1	Date				
Witne	SS	Date				

## ATLANTIC REALTY MANAGEMENT MONTHLY LIVING EXPENSES WORKSHEET FOR APPLICANT(S)

These amounts are proposed amounts for the rental you are applying for.

	iture Applicant 1 enses verified by:	Signature Applicant 2 Date:	
-	=	<del></del>	
	\$	Available income (must be positive)	
	-\$	Less monthly expenses from above	
	\$	Total net monthly combined income	
	\$	Total net monthly income Applicant 2	
	\$	Total net monthly income Applicant 1	
	\$	TOTAL MONTHLY LIVING EXPENSES	
18.	\$	Other Expenses - Please specify	
17.	\$	Discretionary funds	
16.	\$	Recreation expenses Must allow at least \$ 60.00	
15.	\$	Child care/babysitting expense	
14.	\$	Medical expenses - physician visits/prescription medication	
13.	\$	Insurance -health, auto, home, life	
12.	\$	Clothing expense Must allow at least \$ 40.00	
11.	\$	Taxes on home Must allow at least \$ 17.00 (\$200 per year)	
10.	\$	Auto expense (gas, etc) allow \$0.25 x # miles driven per month	
9.	\$	Cable/satellite TV Must allow at least \$ 35.00	
8.	\$	Telephone Must allow at least \$ 50.00 (home and cell)	
7.	\$	LP gas Must allow at least \$ 70.00 if home is heated by gas	
6.	\$	Electric Must allow at least \$ 75.00 (\$120.00 if heated by electric	
5.	\$	Food expense Must allow at least \$200.00	
4.	\$	Other installment loan or credit card payments	
3.	\$	Car payment(s)	
2.	\$	Lot rent	
1.	\$	Manufactured home payment	

## ATLANTIC REALTY MANAGEMENT PET APPLICATION

- 1. There is a maximum of ONE (1) indoor pet per home.
- 2. A pet cannot be taller than twenty (20) inches at the shoulder at full maturity.
- 3. The following breeds (or mixes of breeds) are not permitted in the community: German Shepherds, Pit Bulls, Rottweilers, Dobermans, Dingo's, Terriers, Chows, or Huskies.
- 4. Resident must provide a current copy (for our files) of vaccination records, License, and rabies certificate along with a photo of each pet at the time of lease signing.

Type and breed of pet #1			
Height	Age	Weight	
Expected full grown height	Expected full grown	Expected full grown weight	
		Λ.	
Type and breed of pet #2			
Height	Age	Weight	
Expected full grown height	Expected full grown	n weight	
Applicant 1 signature	Date		
Applicant 2 signature	 Date		

Note: The rental agreement contains additional pet rules and regulations. All applicants must sign this form regardless of whether or not they intend on having a pet.

### Background Screening Information Form

Legal First Name	Legal Middle N	Vame
Legal Last Name	Maiden and/or	Other Last Name Used
Email Address		
Date of Birth	Social Security	Number
Current Physical Address (no P.O. B	oxes)	
City	State	Zip
he following are my responses to question with a YES answer:  . Have you ever been convicted or plead excluding minor traffic violations) YES NC	guilty before a court of any federal	state or municipal admin at 15
. Have you ever been convicted or plead	guilty before a court of any federal,  If YES, please provide an explana eation or similar disposition for any t	state, or municipal criminal offense tion below:
. Have you ever been convicted or plead Excluding minor traffic violations) YES NO Have you ever received deferred adjudic	guilty before a court of any federal,  If YES, please provide an explana eation or similar disposition for any for any for any federal,	state, or municipal criminal offense ition below: federal, state or municipal criminal
Have you ever been convicted or plead Excluding minor traffic violations) YES NO Have you ever received deferred adjudic fense? YES NO If YES, Please provide a Have you ever received probation or com	guilty before a court of any federal, If YES, please provide an explana eation or similar disposition for any to a explanation below:  nmunity supervision for any federal, tion below:	state, or municipal criminal offense ition below: federal, state or municipal criminal , state or municipal criminal offense
Have you ever been convicted or plead Excluding minor traffic violations) YES NO Have you ever received deferred adjudice fense? YES NO If YES, Please provide a Have you ever received probation or comes NO If YES, Please provide an explanation of the Have you ever been arrested for molesting the H	guilty before a court of any federal, of YES, please provide an explana eation or similar disposition for any for explanation below:  normality supervision for any federal, the tion below:  ag or abusing a minor? YES NO If Yellian offense in a country outside the	state, or municipal criminal offense tion below: federal, state or municipal criminal , state or municipal criminal offense /ES, please provide an explanation
Have you ever been convicted or plead Excluding minor traffic violations) YES NO Have you ever received deferred adjudice fense? YES NO If YES, Please provide a Have you ever received probation or comes NO If YES, Please provide an explana Have you ever been arrested for molestin low:	guilty before a court of any federal, of YES, please provide an explana eation or similar disposition for any for explanation below:  In munity supervision for any federal, the tion below:  Ing or abusing a minor? YES NO If Yes in a country outside the tion below;	state, or municipal criminal offense tion below:  federal, state or municipal criminal state or municipal criminal offense (FES, please provide an explanation te jurisdiction of the United States?

Address Firstory Please provide a comple	City / State / Zip
	Oity / Otate / Zip
County	Dates
	Datou
Address	City / State / Zip
County	Dates
Address	City / State / Zip
County	Dates
Address	City / State / Zip
County	Dates
Employment Information	
Current Employer	Position
Rate of Pay	Dates of Employment
at it any information proves to be incorp	ed in this authorization is true, correct and complete. I understand rect or incomplete, that is grounds for the canceling of any or all by be used at the discretion of
gned this day of	
pplicant (Print Name):	
pplicant Signature:	V2

## CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)

This authorization ar	d consent for release of personal infor	
"Company") and/or i investigations wheth investigations might state driving records commercial or retail including work rental me; records and records and records and other person (in the U.S. Veterans' Acagencies; and motor renting eligibility und release of records (ei In addition, I release permitted by law from charge or complaint funderstand that accord occupancy was denied a disclosure of the bafrom <b>C4 Operations</b>	er the records are of a public, private of the records are of a public, private of include, but are not limited to, searched financial or credit institutions, including credit agencies; other financial statem history, efficiency ratings, complaints llections of attorney-at-law or of othe either a civil or criminal case in which ministration; criminal history informativehicle records. I understand that the er the company's renting policies. The there or ally or in writing) to the authoricand discharge the company and its again any claims, damages, losses, liabilitified with any agency arising from retriction to the Federal Fair Credit Report I based upon the information obtained cockground report. I also understand that LLC, 1.201 Edgewood Rd SW, Ceda 00. After reading this document, I full	or confidential nature. These es of educational institutions attended; ing records of loans; records of lents; records of previous employment is and grievances filed by or against recounsel, whether representing me or I have been involved); records from tion of file in local, state or federal is searches will be used to determine be searches will be used to determine ized representatives of the company. I gent and associates to the full extent ies, costs expenses or any other ieving and reporting this information. I ing Act, I am entitled to know whether it and to receive, upon written request, at I may request a copy of the report I may request a copy of the report
<u></u>		
Signed this	day of	, 20
Applicant (Print Nam	e)	
Applicant Signature		

#### CONSENTIMIENTO PARA REALIZAR INVESTIGACIÓN DE ANTECEDENTES PENALES DE ACUERDO CON EL FCRA (Fair Credit Reporting Act)

Esta autorización y consentimiento para la divulgación de información personal reconoce que Atlantic Resity Management (De aquí en adelante referido como " Compañía") y/o su agente, C4 Operaciones LLC, puede ahora, o en cualquier momento se me asigna a, voluntario o estoy empleado por esta Compañía para efectuar investigaciones si los registros son de carácter público, privado o confidencial. Estas investigaciones podrían incluir, pero no están limitados a: las búsquedas de los centros docentes de; registros de conducir del estado; instituciones financieras o de crédito; empleo, incluyendo el historial de trabajo, índices de eficiencia, reclamaciones y quejas presentadas por o contra mí; registros y recuerdos de abogado-en-ley u otro asesor, ya sea en representación de mí o cualquier otra persona (ya sea en un caso civil o criminal en el que he estado involucrado); registros de Veteranos de EE.UU. 'Administración; información de antecedentes penales en los archivos de las agencias locales, estatales o federales; y los registros de vehículos de motor, y después de una oferta de trabajo, informes de compensación al trabajador, ya sea del Departamento de Trabajo, Registro Nacional de Personal o la Comisión Industrial o agencias similares en virtud de lo dispuesto en la Ley de Informe Justo de Crédito (Fair Credit Reporting Act )15, USC § 1681 y ss. También autorizo al Centro Nacional de Registros de personal, u otro custodio de mi hoja de servicio militar, para liberar a C4 Operaciones LLC, la siguiente información y/o copias de los documentos de mi hoja de servicio militar: DD214, registro de servicio y todos los registros disciplinarios.

Entiendo que estas búsquedas se utilizarán para determinar la elegibilidad de empleo bajo las políticas de la Compañía. Por lo tanto, autorizo el consentimiento para la liberación completa de los registros ya sea oralmente o por escrito) a los representantes autorizados de la Compañía. Yo entiendo que de acuerdo con la Fair Credit Reporting Act federal, tengo derecho a saber si el empleo fue denegada en base a la información obtenida y recibió, previa solicitud por escrito, la divulgación del informe de fondo. También entiendo que puedo solicitar una copia del informe de C4 Operaciones LLC, 1203 3rd St SE, Cedar Rapids IA 52401 (888) 519 a 6.283 o www.C4Operations.com. Después de leer este documento, entiendo completamente su contenido y autorizo la verificación de antecedentes.

¿Es esta solicitud para el e ¿Si es así, desea una copia Si No	mpleo en California, Minnesot a de cualquier informe del con	ta o Oklahoma? Si No sumidor preparado acerca de ti?	
solicitado dentro de los siete	ornia requiere que la empresa e (7) días siguientes a la fecha sa a la responsabilidad (Secci	a que me diera una copia de cualquier informe a se ha obtenido la información y que, de no ión 1786.29).	
Firmado esta	_dia del mes	_, 20	
Solicitante (Imprimir Nombre):			
Firma del Solicitante:			

### Background Screening Information Form

Legal First Name	Legal Middle N	lame
Legal Last Name	Maiden and/or	Other Last Name Used
Email Address		a N
Date of Birth	Social Security	Number
Current Physical Address (no P.O. I	Boxes)	
City	State	Zip
The following are my responses to questing the properties of the p	I guilty before a court of any federal, O If YES, please provide an explana	state, or municipal criminal offense
uestion with a YES answer; . Have you ever been convicted or plead	I guilty before a court of any federal, O If YES, please provide an explana ication or similar disposition for any tan explanation below:  mmunity supervision for any federal	state, or municipal criminal offense tion below:  federal, state or municipal criminal
. Have you ever been convicted or plead Excluding minor traffic violations) YES No Have you ever received deferred adjudiffense? YES NO If YES, Please provide Have you ever received probation or co.	I guilty before a court of any federal, O If YES, please provide an explanation or similar disposition for any tan explanation below:  mmunity supervision for any federal, ation below:	state, or municipal criminal offense ation below:  federal, state or municipal criminal  state or municipal criminal offense
Have you ever received deferred adjudiffense? YES NO If YES, Please provide Have you ever received probation or co ES NO If YES, Please provide Have you ever received probation or co ES NO If YES, Please provide an explan	I guilty before a court of any federal, O If YES, please provide an explana ication or similar disposition for any tan explanation below:  mmunity supervision for any federal, ation below:  ing or abusing a minor? YES NO If Yellow of the country outside the minal offense in a country outside the	state, or municipal criminal offense ation below:  federal, state or municipal criminal  state or municipal criminal offense at a state or municipal criminal of
Have you ever been convicted or plead Excluding minor traffic violations) YES Note that the provide that the you ever received deferred adjudiffense? YES NO If YES, Please provide Have you ever received probation or cotes NO If YES, Please provide an explan Have you ever been arrested for molesticlow:	I guilty before a court of any federal, O If YES, please provide an explana ication or similar disposition for any tan explanation below:  mmunity supervision for any federal, ation below:  ing or abusing a minor? YES NO If Yes minal offense in a country outside thation below;	state, or municipal criminal offense tion below:  federal, state or municipal criminal state or municipal criminal offense.  /ES, please provide an explanation  re jurisdiction of the United States?

Address History Please provide a complete	
Address	City / State / Zip
County	Dates
Address	City / State / Zip
	only of other resp
County	Dates
County	Dates
Address	
Address	City / State / Zip
County	Dates
V To the second	
Address	City / State / Zip
County	Dates
unas cas c	
Employment Information	
Current Employer	Position
Rate of Pay	Dates of Employment
a such a sufficient of the form of the state	
at if any information proves to be incorre	in this authorization is true, correct and complete. I understand ct or incomplete, that is grounds for the canceling of any or al
fers of occupancy that may exist and may	be used at the discretion of
gned this day of	
Applicant (Print Name):	Б
	58
pplicant Signature:	
	· ·

# CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)

"Company") and/or its investigations whether investigations might in state driving records; commercial or retail or including work rental me; records and recoll any other person (in ethe U.S. Veterans' Admagencies; and motor vrenting eligibility under release of records (eith In addition, I release a permitted by law from charge or complaint fill understand that accord occupancy was denied a disclosure of the backfrom <b>C4 Operations L</b>	agent, C4 Operations LLC may the records are of a public, princlude, but are not limited to, se financial or credit institutions, in redit agencies; other financial st history, efficiency ratings, complections of attorney-at-law or of ither a civil or criminal case in which is a civil or criminal history infections of attorney-at-law or of ither a civil or criminal history infections of attorney-at-law or of ither a civil or criminal history infections or action, criminal history infection records. I understand that the company's renting policies are orally or in writing) to the action discharge the company and any claims, damages, losses, liked with any agency arising from ling to the Federal Fair Credit Rebased upon the information obtained to the company. I also understant, 1201 Edgewood Rd SW, 60. After reading this document.	Information acknowledges that  (Hereafter referred to as now, or at any time renting from conduct vate or confidential nature. These earches of educational institutions attended including records of loans; records of catements; records of previous employment claints and grievances filed by or against other counsel, whether representing me or which I have been involved); records from cormation of file in local, state or federal at these searches will be used to determine at the company. Its agent and associates to the full extent abilities, costs expenses or any other in retrieving and reporting this information. I eporting Act, I am entitled to know whether cained and to receive, upon written request, and that I may request a copy of the report Cedar Rapids, IA 52404 at telephone  I fully understand its contents and
Signed this	day of	, 20
Applicant (Print Name)	H PERMANEN	
Applicant Signature	92	

### CONSENTIMIENTO PARA REALIZAR INVESTIGACIÓN DE ANTECEDENTES PENALES DE ACUERDO CON EL FCRA (Fair Credit Reporting Act)

Esta autorización y consentimiento para la divulgación de información personal reconoce que Atlantic Realty Management (De aquí en adelante referido como " Compañía") y/o su agente, C4 Operaciones LLC, puede ahora, o en cualquier momento se me asigna a, voluntario o estoy empleado por esta Compañía para efectuar investigaciones si los registros son de carácter público, privado o confidencial. Estas investigaciones podrían incluir, pero no están limitados a: las búsquedas de los centros docentes de; registros de conducir del estado; instituciones financieras o de crédito; empleo, incluyendo el historial de trabajo, índices de eficiencia, reclamaciones y que jas presentadas por o contra mí; registros y recuerdos de abogado-en-ley u otro asesor, ya sea en representación de mí o cualquier otra persona (ya sea en un caso civil o criminal en el que he estado involucrado); registros de Veteranos de EE.UU. 'Administración; información de antecedentes penales en los archivos de las agencias locales, estatales o federales; y los registros de vehículos de motor, y después de una oferta de trabajo, informes de compensación al trabajador, ya sea del Departamento de Trabajo, Registro Nacional de Personal o la Comisión Industrial o agencias similares en virtud de lo dispuesto en la Ley de Informe Justo de Crédito (Fair Credit Reporting Act )15, USC § 1681 y ss. También autorizo al Centro Nacional de Registros de personal, u otro custodio de mi hoja de servicio militar, para liberar a C4 Operaciones LLC, la siguiente información y/o copias de los documentos de mi hoja de servicio militar: DD214, registro de servicio y todos los registros disciplinarios.

Entiendo que estas búsquedas se utilizarán para determinar la elegibilidad de empleo bajo las políticas de la Compañía. Por lo tanto, autorizo el consentimiento para la liberación completa de los registros ya sea oralmente o por escrito) a los representantes autorizados de la Compañía. Yo entiendo que de acuerdo con la Fair Credit Reporting Act federal, tengo derecho a saber si el empleo fue denegada en base a la información obtenida y recibió, previa solicitud por escrito, la divulgación del informe de fondo. También entiendo que puedo solicitar una copia del informe de C4 Operaciones LLC, 1203 3rd St SE, Cedar Rapids IA 52401 (888) 519 a 6.283 o www.C4Operations.com. Después de leer este documento, entiendo completamente su contenido y autorizo la verificación de antecedentes.

¿Es esta solicitud para el empleo en California, Minnesota o Oklaho ¿Si es así, desea una copia de cualquier informe del consumidor pr Si No	ma? Si No eparado acerca de ti?
Entiendo que la ley de California requiere que la empresa que me d solicitado dentro de los siete (7) días siguientes a la fecha se ha obt hacerlo, expondrá la empresa a la responsabilidad (Sección 1786.29	enido la información y que de no
Firmado esta dia del mes, 20	
Solicitante (Imprimir Nombre):	
Firma del Solicitante;	