

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

1. There is a \$50.00 non-refundable application fee per applicant or occupant 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 co-applicant 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 REQUIRED 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 questionnaire 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](mailto:carol@arealmgt.com)  
[paula@arealmgt.com](mailto: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.
  
5.  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)**

**APPLICANT 1**

Name \_\_\_\_\_  
Last First Middle Initial

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 THE HOME**

Name \_\_\_\_\_

Date of birth \_\_\_\_\_ SS# \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_

Date of birth \_\_\_\_\_ SS# \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_

Date of birth \_\_\_\_\_ SS# \_\_\_\_\_ Relationship \_\_\_\_\_

Total number of persons that will reside in the home including you \_\_\_\_\_

**PETS:** Do you have any pets? \_\_\_ Yes \_\_\_ No  
**IF YES, A PET APPLICATION MUST BE APPROVED WITH APPLICATION FOR RESIDENCY.**

**NOTICE:** In order to obtain a Rental Agreement, it is mandatory 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**

I/we are purchasing the following manufactured home

- Model home currently in an ARM community.
  - New manufactured home being brought into an ARM community.
  - Pre-owned model or privately owned home currently in an ARM community.
  - Bank owned home currently in an ARM community.
  - Pre-owned manufactured home being brought into any ARM community.
- (All pre-owned homes must be approved and are subject to a \$50.00 non-refundable inspection fee)*

Name of retailer or party selling the home: \_\_\_\_\_

Name of sales associate (if being purchased new from a retailer): \_\_\_\_\_

Address and phone number of retailer/selling party: \_\_\_\_\_

Current location of home: \_\_\_\_\_

Size of home: \_\_\_\_\_ (Excluding hitch)      Manufacturer: \_\_\_\_\_      Model: \_\_\_\_\_

Serial number: \_\_\_\_\_      Year of home: \_\_\_\_\_

Number of bedrooms: \_\_\_\_\_      Number of bathrooms: \_\_\_\_\_

Electrical service required: \_\_\_ 100 amp      \_\_\_ 200 amp      Type of Heat: \_\_\_ LP gas      \_\_\_ electric

Does your home have? \_\_\_ washer      \_\_\_ dryer      \_\_\_ dishwasher      \_\_\_ central air  
*(Please check all that apply)*

**Note: Garbage disposals are not permitted!**

**FINANCING INFORMATION:**

Name of Lending Institution: \_\_\_\_\_

Address of Lending Institution: \_\_\_\_\_

Phone # \_\_\_\_\_      Contact Person: \_\_\_\_\_

Amount Financed \$ \_\_\_\_\_      Monthly Payment \$ \_\_\_\_\_      Financed for \_\_\_ years



**APPLICANT 1 INFORMATION**  
(page 2)

**VEHICLE INFORMATION:**

1. \_\_\_\_\_  
Year                      Make                      Tag #                      State
2. \_\_\_\_\_  
Year                      Make                      Tag#                      State

Do you own any of the following:     Travel or utility trailer     Motor Home     Boat     Motorcycle  
(please note travel/utility trailers, boats or RV's are not permitted to stay in the community)

If YES to any above, please provide details: \_\_\_\_\_  
\_\_\_\_\_

**CREDIT REFERENCES:**

Name and address of creditor	Account #	Monthly Payment
<hr/>		
Name and address of creditor	Account #	Monthly Payment
<hr/>		
Name and address of creditor	Account #	Monthly Payment

**CRIMINAL BACKGROUND:**

Have you ever been convicted of a Criminal Offense?     Yes     No    If YES, please EXPLAIN:  
\_\_\_\_\_

Have you ever been convicted of a Drug Related Offense?     Yes     No    If YES, please EXPLAIN:  
\_\_\_\_\_

**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.

\_\_\_\_\_  
Applicant 1 Signature

\_\_\_\_\_  
Date



**APPLICANT 2 INFORMATION**  
(page 2)

**VEHICLE INFORMATION:**

1. \_\_\_\_\_  
Year                      Make                      Tag #                      State

2. \_\_\_\_\_  
Year                      Make                      Tag#                      State

Do you own any of the following:     Travel or utility trailer     Motor Home     Boat     Motorcycle  
(please note travel/utility trailers, boats or RV's are not permitted to stay in the community)

If YES to any above, please provide details: \_\_\_\_\_  
\_\_\_\_\_

**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 of a Criminal Offense?     Yes     No    If YES, please EXPLAIN:  
\_\_\_\_\_

Have you ever been convicted of a Drug Related Offense?     Yes     No    If YES, please EXPLAIN:  
\_\_\_\_\_

**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.

\_\_\_\_\_  
Applicant 1 Signature

\_\_\_\_\_  
Date



**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

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Occupant's signature

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Occupant's signature

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Date

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

**VERIFICATION OF EMPLOYMENT FOR APPLICANT 1**

DATE: \_\_\_\_\_

TO: \_\_\_\_\_

The following individual, \_\_\_\_\_, Social Security # \_\_\_\_\_  
Has applied for residency for a managed community with Atlantic Realty Management. The information submitted states that he or she, was or is currently, employed by your company.

Will you kindly reply to the inquiry below regarding this applicant? Your reply will be held in strict confidence and we will in no way hold you responsible 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: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of person supplying information

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of company

**Applicant - Please complete ONLY this portion below!**

I, \_\_\_\_\_, authorize \_\_\_\_\_  
Print your name Print name of company

To release information regarding my employment history, services, character and conduct while in your employ to ATLANTIC REALTY MANAGEMENT, LLC. Atlantic Realty Management, LLC releases you from any and all liability, which may result in furnishing such information.

\_\_\_\_\_  
Signature of Applicant 1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



**VERIFICATION OF EMPLOYMENT FOR APPLICANT 2**

DATE: \_\_\_\_\_

TO: \_\_\_\_\_

The following individual, \_\_\_\_\_, Social Security # if applicable \_\_\_\_\_ has applied for residency for a managed community with Atlantic Realty Management LLC. The information submitted states that he or she, was or is currently, employed by your company.

Will you kindly reply to the inquiry below regarding this applicant? Your reply will be held in strict confidence and we will in no way hold you responsible for your responses.

1. Length of employment: From \_\_\_\_\_ to \_\_\_\_\_

3. 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

7. Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of person supplying information

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of company

**Applicant - Please complete ONLY this portion below!**

I, \_\_\_\_\_, authorize \_\_\_\_\_  
Print your name Print name of company

To release information regarding my employment history, services, character and conduct while in your employ to ATLANTIC REALTY MANAGEMENT, LLC. Atlantic Realty Management, LLC releases you from any and all liability, which may result in furnishing such information.

\_\_\_\_\_  
Signature of Applicant 1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



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

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

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

Signature Applicant 1  
Expenses verified by: \_\_\_\_\_

Signature Applicant 2  
Date: \_\_\_\_\_

**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 weight \_\_\_\_\_

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Type and breed of pet #2 \_\_\_\_\_

Height \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_

Expected full grown height \_\_\_\_\_ Expected full grown 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

**Basic Information**

Legal First Name	Legal Middle Name	
Legal Last Name	Maiden and/or Other Last Name Used	
Email Address		
Date of Birth	Social Security Number	
Current Physical Address (no P.O. Boxes)		
City	State	Zip

The following are my responses to questions about my criminal record history (if any) with descriptions to any question with a YES answer:

1. Have you ever been convicted or plead guilty before a court of any federal, state, or municipal criminal offense? (Excluding minor traffic violations) YES NO If YES, please provide an explanation below:

\_\_\_\_\_

2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal criminal offense? YES NO If YES, Please provide an explanation below:

\_\_\_\_\_

3. Have you ever received probation or community supervision for any federal, state or municipal criminal offense? YES NO If YES, Please provide an explanation below:

\_\_\_\_\_

4. Have you ever been arrested for molesting or abusing a minor? YES NO If YES, please provide an explanation below:

\_\_\_\_\_

5. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? YES NO If YES, Please provide an explanation below:

\_\_\_\_\_

6. As of the date of this authorization, do you have any pending criminal charges against you? YES NO If YES, Please provide an explanation below:

\_\_\_\_\_

7. As of the date of this authorization, have you ever been evicted? YES NO If YES, Please provide an explanation below:

\_\_\_\_\_

\_\_\_\_\_



**Address History** Please provide a complete address history since the age of 18.

Address	City / State / Zip
County	Dates
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

I hereby certify that all information provided in this authorization is true, correct and complete. I understand that if any information proves to be incorrect or incomplete, that is grounds for the cancelling of any or all offers of occupancy that may exist and may be used at the discretion of \_\_\_\_\_.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Applicant (Print Name):
Applicant Signature:

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

This authorization and consent for release of personal information acknowledges that Atlantic Realty Management (Hereafter referred to as "Company") and/or its agent, C4 Operations LLC may now, or at any time renting from conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to, searches of educational institutions attended; state driving records; financial or credit institutions, including records of loans; records of commercial or retail credit agencies; other financial statements; records of previous employment, including work rental history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or of other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); records from the U.S. Veterans' Administration; criminal history information of file in local, state or federal agencies; and motor vehicle records. I understand that these searches will be used to determine renting eligibility under the company's renting policies. Therefore, I authorize and consent for full release of records (either orally or in writing) to the authorized representatives of the company. In addition, I release and discharge the company and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether occupancy was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report. I also understand that I may request a copy of the report from **C4 Operations LLC, 1201 Edgewood Rd SW, Cedar Rapids, IA 52404** at telephone number (319) 491-6300. After reading this document, I fully understand its contents and authorize the background verification.

---

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

**Applicant (Print Name)**

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**Applicant Signature**

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**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 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 empleo en California, Minnesota o Oklahoma? Si \_\_\_\_\_ No \_\_\_\_\_

¿Si es así, desea una copia de cualquier informe del consumidor preparado acerca de ti?

Si \_\_\_\_\_ No \_\_\_\_\_

Entiendo que la ley de California requiere que la empresa que me diera una copia de cualquier informe solicitado dentro de los siete (7) días siguientes a la fecha se ha obtenido la información y que, de no hacerlo, expondrá la empresa a la responsabilidad (Sección 1786.29).

Firmado esta \_\_\_\_\_ día del mes \_\_\_\_\_, 20\_\_\_\_\_

Solicitante (Imprimir Nombre): \_\_\_\_\_

Firma del Solicitante: \_\_\_\_\_

# Background Screening Information Form

**Basic Information**

Legal First Name	Legal Middle Name	
Legal Last Name	Maiden and/or Other Last Name Used	
Email Address		
Date of Birth	Social Security Number	
Current Physical Address (no P.O. Boxes)		
City	State	Zip

The following are my responses to questions about my criminal record history (if any) with descriptions to any question with a YES answer:

1. Have you ever been convicted or plead guilty before a court of any federal, state, or municipal criminal offense? (Excluding minor traffic violations) YES NO If YES, please provide an explanation below:

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2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal criminal offense? YES NO If YES, Please provide an explanation below:

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3. Have you ever received probation or community supervision for any federal, state or municipal criminal offense? YES NO If YES, Please provide an explanation below:

---

4. Have you ever been arrested for molesting or abusing a minor? YES NO If YES, please provide an explanation below:

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5. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? YES NO If YES, Please provide an explanation below:

---

6. As of the date of this authorization, do you have any pending criminal charges against you? YES NO If YES, Please provide an explanation below:

---

7. As of the date of this authorization, have you ever been evicted? YES NO If YES, Please provide an explanation below:

---

**Address History** Please provide a complete address history since the age of 18.

Address	City / State / Zip
County	Dates
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

I hereby certify that all information provided in this authorization is true, correct and complete. I understand that if any information proves to be incorrect or incomplete, that is grounds for the canceling of any or all offers of occupancy that may exist and may be used at the discretion of \_\_\_\_\_.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Applicant (Print Name):
Applicant Signature:

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

This authorization and consent for release of personal information acknowledges that Atlantic Realty Management (Hereafter referred to as "Company") and/or its agent, C4 Operations LLC may now, or at any time renting from conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to, searches of educational institutions attended; state driving records; financial or credit institutions, including records of loans; records of commercial or retail credit agencies; other financial statements; records of previous employment, including work rental history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or of other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); records from the U.S. Veterans' Administration; criminal history information of file in local, state or federal agencies; and motor vehicle records. I understand that these searches will be used to determine renting eligibility under the company's renting policies. Therefore, I authorize and consent for full release of records (either orally or in writing) to the authorized representatives of the company. In addition, I release and discharge the company and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether occupancy was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report. I also understand that I may request a copy of the report from **C4 Operations LLC, 1201 Edgewood Rd SW, Cedar Rapids, IA 52404** at telephone number (319) 491-6300. After reading this document, I fully understand its contents and authorize the background verification.

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Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

**Applicant (Print Name)**

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**Applicant Signature**

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**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 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 recibí, 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 Oklahoma? Si \_\_\_\_\_ No \_\_\_\_\_  
¿Si es así, desea una copia de cualquier informe del consumidor preparado acerca de tí?  
Si \_\_\_\_\_ No \_\_\_\_\_

Entiendo que la ley de California requiere que la empresa que me diera una copia de cualquier informe solicitado dentro de los siete (7) días siguientes a la fecha se ha obtenido la información y que, de no hacerlo, expondrá la empresa a la responsabilidad (Sección 1786.29).

Firmado esta \_\_\_\_\_ día del mes \_\_\_\_\_, 20\_\_\_\_\_

Solicitante (Imprimir Nombre): \_\_\_\_\_

Firma del Solicitante: \_\_\_\_\_