LANDLORD ASSOCIATION OF PA

1414 Millard Street ■ Bethlehem, PA 18018
Phone 610-867-8940 ■ Fax 610-867-8604
Tall Free Phone 990 779 2173

Toll Free Phone 888-778-2173 ■ Toll Free Fax 888-329-5279

APPLICANT BACKGROUND INVESTIGATION REQUEST

| Member Name: | Member #: Date: _ | | Date: |
|--|---------------------------|----------------|----------------|
| Requested By: | Telephone: | | Fax Number: |
| Applicant Name: | | | |
| Current Address: | | | |
| City: | | State: | Zip Code: |
| Soc. Sec. Num. | Birth Da | te: | DMV # / State: |
| During the application process and at any time during any subsequent screening, I hereby authorize Landlord Association of PA or it's agents, on behalf of to procure Background checks, which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from credit bureaus, public records, court record repositories or databases, criminal histories, department of motor vehicles, past or present employers, educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. Applicant's Signature Date | | | |
| SELECT FROM THE FOLLOWING: | | | |
| □ PA CRIMINAL RECORD CHECK | □ PA DRIVING RECORD CHECK | | |
| □ OTHER STATE/COUNTY*** □ SEX OFFENDER SEARCH – STATE OR NATIONAL □ NATIONWIDE CRIMINAL RECORD CHECK | | | |
| ***Call for pricing on other States | | | |
| Price: | Turnaround Time: | | Initial: |
| Authorized signature required to complete request: | | | |
| Date | Men | nber Signature | |

^{**}State fees and general fees subject to change without notice.