



Salt River Pima-Maricopa Indian Community

Community Tribal Housing Program

10005 East Osborn Road, Scottsdale, AZ 85256

P: (480) 362-RENT (7368) /F: (480) 362-6710 /E: HousingInfo@srpmic-nsn.gov

RESIDENT (TENANT) RELEASE AND CONSENT

I/We, the undersigned hereby authorize all persons, entities, or governmental departments in the categories listed below to release information regarding employment, income, status and/or assets for purposes of verifying information on my Application for the Salt River Pima-Maricopa Indian Community (SRPMIC) Community Tribal Housing Program (CTHP).

I/We authorize release of information without liability to the manager of the SRPMIC Community Tribal Housing Program or their designee.

INFORMATION COVERED

I/We, the undersigned, acknowledge that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity and affiliation, student status, employment, income, assets, and medical or child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my/our eligibility for and continued participation as a qualified resident.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

Entities:

Past and Present employers	Welfare Agencies	Veterans Administration
Child Support/Alimony Providers	State Unemployment Agencies	Retirement Systems
Educational Institutions	Social Security Administration	Bank and Financial Institutions
Previous Landlords		

SRPMIC Departments/Divisions:

SRPMIC Human Resources	SRPMIC Education Dept.	Other SRPMIC Departments
SRPMIC Health & Human Services	SRPMIC Finance Dept.	

GROUPS OR INDIVIDUALS THAT WE MAY RELEASE INFORMATION TO

The groups or individuals to whom we may release the above information include, but are not limited to:

SRPMIC Departments/Divisions:

SRPMIC Human Resources	SRPMIC Education Dept.	Other SRPMIC Departments
SRPMIC Health & Human Services		

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand that I/we have the right to correct any information that is incorrect.

Printed Name:	Date of Birth:
Signature:	Date:



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FCRA NOTICE AND ACKNOWLEDGEMENT IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING THE ACKNOWLEDGEMENT AND AUTHORIZATION

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

The Salt River Pima-Maricopa Indian Community's (SRPMIC), Community Tribal Housing Program (CTHP) may obtain information about you from a consumer reporting agency for eligibility and residency purposes. Thus, you may be the subject of a "consumer" report and / or an "investigative consumer report" which may include, but is not limited to: employment and education verification; social security number verification; criminal and civil court records; personal interviews; driving records; and / or any other public records or any other information bearing on your character, general reputation, personal characteristics and trustworthiness. These reports may be obtained at any time after receipt of your authorization, and, if you are selected for residency.

You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. The report will be generated by Universal Background Screening (7720 North 16th Street, Suite 200, Phoenix, AZ 85020, 1-877-263-8033) or another outside organization.

The scope of this notice and authorization is all encompassing, however, allowing the SRPMIC CTHP to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are eligible for residency, for the duration of your participation in the SRPMIC CTHP's programs and services. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION (above) and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT (separate document) and certify that I have read and understand both of those documents.

I hereby authorize the obtaining of "consumer reports" and / or "investigative consumer reports" at any time after receipt of this authorization and, if eligible for residency, for participation and duration with the SRPMIC CTHP's programs and services. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Universal Background Screening, another organization acting on behalf of the SRPMIC CTHP, itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

Signature

Date

Full Name (First MI Last Name)

Social Security Number (SSN)

Driver's License Number/State ID Number

Date of Birth (MM /DD /YYYY)

Current Physical Address

City, State & ZIP Code

	REQUEST FOR BACKGROUND CHECK	Account #003228
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The following information is used for identification purposes ONLY:

Social Security Number

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Date of Birth

		/			/				
<i>M</i>	<i>M</i>		<i>D</i>	<i>D</i>		<i>Y</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>

Driver's License No.

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State of Issuance

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Legal Name:

<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>
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Other Names Used (maiden name, AKA names, etc.):

<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>
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<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>
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<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>
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<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>
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Current Residential Address:

<i>Street Address</i>

<i>City</i>	<i>State</i>	<i>ZIP Code</i>
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Former Residential Address(s):

List each **CITY**, **STATE**, and **ZIP CODE** (if known, where you have lived during the past seven (7) years):

City	State	ZIP Code	From Date	End Date