

Whispering Lakes Apartments

Criminal Background Authorization Form

All Occupants over the age of 18 will be subject to a criminal background check. Please complete all required information. Apartments are held for up to 30 days only. If the lease is not signed within the 30 days, all money is forfeited and you will be cancelled off of the apartment.

Personal Information:

Full Legal Name: _____ (Maiden Name: _____)

Date of Birth: _____

Social Security Number: _____

Drivers License Number: _____ State: _____

Current Address: _____

Current Telephone Number: _____

HOW DID YOU HEAR ABOUT OUR COMMUNITY? _____

I authorize Whispering Lakes Apartments, and/or their authorized agents/management companies to obtain a background check from a credit-reporting agency, which will appear as an inquiry on my credit file.

SIGNATURE: _____ Date: _____