

Shiloh Village Mobile Home Park
3808 Towhee Lane
Billings, Mt 59102
Authorization for Credit Report

***PLEASE READ CAREFULLY AUTHORIZATION AND CONSENT FOR
RELEASE OF INFORMATION***

I, the undersigned, in consideration of my application, do hereby acknowledge, certify, and agree to the following:

1. All the information provided by me on this form and otherwise for the purpose of renting a space in Shiloh Village Estates (SVE) is true and accurate to the best of my knowledge.
2. I hereby authorize SVE to investigate and verify my background to determine whether I meet SVE's requirements through methods and means SVE seems fit. I further hereby authorize SVE and any investigative service(s) hired by SVE, and any of their agents, representatives and designated personnel, to conduct any investigation and verification deemed necessary by SVE, including, but not limited to , education, current and former co-employment and employers, personal references, other organizations and Agencies, motor vehicle records, credit history allowed by the EEOC and ECOA, any criminal history record information pertaining to me which may be in the files of the Federal, State, or Local Criminal justice agency in Montana or any other State. I further hereby authorize any investigative service(s) hired by SVE, and any investigative service(s) hired by SVE, and any of their agents, representatives and designated personnel to disclose orally or in writing, the results of their investigation and verification processes and/or interviews to the designated authorized representative of SVE.

Applicant _____ **Date** _____
Social Security Number _____ **Phone Number** _____
Street Address _____ **Zip Code** _____

Co-Applicant _____ **Date** _____
Social Security Number _____ **Date** _____
Street Address _____ **Zip Code** _____

Shiloh Village Estates-Business Requesting Report-Ordered by Office Management

3. I hereby release all persons, schools, and current and former co-employees and employers, personal references, and other organizations and Federal and State Agencies to provide such information from any and all claims and damages connected with their

release of any requested information. I agree that any copy of this document is as valid as the original. All results will be proprietary and will be kept CONFIDENTIAL and disclosed orally and in writing only to designated authorized representatives of SVE and its clients.

4. I have read and understand this authorization and consent. I do hereby agree to forever release and discharge SVE and any investigative service(s) hired by SVE, and any of their agents, representatives and designated personnel to the intent permitted by law from any claims, damages, losses, liabilities, costs and expenses or any other charge or complaint filed with any agency arising from the retrieving and reporting of any information covered by this authorization and consent.

Print Full Legal Name

Signature of Legal Name

Print Full Legal Name

Signature of Legal Name

Notary Public for the State of

My Commission Expires

Signature that you have received, Shiloh Village Estates Rules and Regulations

Applicant received the Rule Book from Shiloh Village Estates on _____, 20____

Signature of Applicant _____

Applicant received the Rule Book from Shiloh Village Estates on _____, 20____

Signature of Applicant _____