

Background Inquiry Release Form

Villages of Lake Lucie Homeowners' Association, Inc.

Form must be completed by each proposed adult occupant of the home.

Pursuant to Article II, Section 33 of the Amended and Restated Declaration of Covenants, Conditions and Restrictions for Villages of Lake Lucie, I understand that, in connection with my application for residency, various sources will be contacted to provide information for an investigative background inquiry. The requested information may include, but not be limited to: identity and prior address verification, criminal history, consumer credit history, bankruptcy, lien, civil judgment and eviction record history. I authorize any source contacted to furnish the above information to the Villages of Lake Lucie Homeowners' Association, Inc. ("the Association") and its agents and associates in accordance with 15 U.S.C. §1681b(c)(1)(a). I further release, discharge and indemnify the Association and its agents and associates from any claims, damages, losses, liabilities, costs and expenses arising from the retrieving and reporting of the requested information. I allow a photocopy of this authorization be accepted with the same authority as the original. This signed release expires one year after the date of origination.

Please Print Legibly

Applicant FULL Legal Name: _____

Maiden Name / Previous Married Name (if applicable): _____

Social Security Number: _____ D.O.B.: _____

Address: _____ Phone: _____

Signature: _____ Date: _____