

## Additional Resident Application

Owner's Name (First, Last)	Phone Number					
Co-Owner's Name	Phone Number					
Address						
Additional Resident Name	Phone Number					
Additional Resident Primary Address						
	No Email					
Additional Resident Email Address						
Emergency Contact Name	Phone Number					
Number of Pets Type of Pet(s)	Pet(s) Name(s)					
Vehicle 1 Make / Model / Color	License Plate					
Vehicle 2 Make / Model / Color	License Plate					

Please drop or mail this form along with a check made payable to BRGC to the office mailbox at: 2825 Fairfield Avenue #1, Bridgeport, CT 06605 (\$500 primary residence; \$250 secondary residence)

## **Disclosure Regarding Tenant Background Report**

("COMPANY") may obtain from American Screening, LLC PO Box 1444 Hebron CT 06248 , 888-251-4044 www.americanscreening.com a consumer report and/or an investigative consumer report ("REPORT") that contains background information about you in connection with your tenancy application. The REPORT may contain information about your character, general reputation, personal characteristics and mode of living. The REPORT may include, but is not limited to, credit reports and credit history information; criminal and other public records and history; public court records (e.g., bankruptcies, tax liens and judgments); motor vehicle and driving records; educational and employment history, including professional disciplinary actions; drug/alcohol test results; and Social Security verification and address history, subject to any limitations imposed by applicable federal and state law. This information may be obtained from public record and private sources, including credit bureaus, government agencies and judicial records.
If an investigative consumer REPORT is obtained, in addition to the description above, the nature and scope of any such REPORT will be employment verifications and references, or personal references.
Signature
Print name

**Today's Date** 

## **Authorization to Obtain Tenant Background Report**

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Backgroun Screening, reached at and the ret the COMP authorizat reservatio motor vel repository Screening, such infort copy of the I acknowle OF YOUR	nd Report, LLC, a of t 888-25 elease of PANY in raion, to shicle recondition, or emation to is Authored RIGHT	t. By my consume i1-4044 such reparties or ord age of the CO-ization selection of a CS UNDI	signation reports to a tenan ent perioderal ncy, crompany hall be copy of the	("COMPANY" ure below, I he ting agency ado mericanscreening the COMPANY cy decision inv mitted by law. law enforcement edit bureau or ish any and a NY itself, and a as valid as the of the Consume FAIR CRED	) and reby co dress: Pog.com and its rolving the cother all info authorizer Finan IT REF	Background Report provided by this Authorization to obtain Tenant consent to the preparation by American PO Box 1444 Hebron, CT 06248 can be of background reports regarding me is designated representatives, to assist me at any time after receipt of this insend, I hereby authorize, without ency or court, educational institution, information service bureau or data formation regarding me to American the American Screening, LLC to provide mile ("fax"), electronic or photographic l.  Incial Protection Bureau's "A SUMMARY PORTING ACT." INFORMATION FOR (To be used for no other purposes)
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Full Name	F	First Name		Middle Na	 me	Last Name
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Date of Bir	rth:	_ /	_ /		Social	Security #:
Driver's Lic	cense Nu	ımber:				State License issued:
Current Re	ooidonoo	Addroop				
Current ne	ssiderice	Address		(Number and St	reet)	
O:t						
City				State		Zip
List all Re	esidence	Addres	ses in	Past Seven Ye	ears (at	ttach additional sheets if necessary)
		-		at the time of de		
Please IIS	st any ait	ernate r	iames	you have used	in the	last / years:
		First Name	,	Middle Na	ame	Last Name
		First Name		Middle Na	ame	Last Name
-		First Name	)	Middle Na	ame	Last Name
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	Date: _					

## State Law Notices Relating to Your Background Report

**Washington State Applicants only:** You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

California,	Mass	achu	setts,	Minn	esota,	New	Jer	sey	and	Okla	homa
<b>Applicants</b>	Only:	Pleas	se che	ck the	box to	the	left if	you	would	like	a free
copy of any	y REP	ORT	obtaine	ed by	COMP	ANY	from	Am	erican	Scre	ening,
LLC.											

**New York Applicants Only:** By signing the authorization, you acknowledge that you have received a copy of New York Correction Law Article 23-A. You have the right, upon written request, to be informed whether an investigative consumer REPORT was requested. If such a REPORT was requested, you will be provided with the name and address of the consumer reporting agency that prepared the REPORT and you can contact that agency to inspect or receive a copy of the REPORT.

Maine Applicants only: Upon request, you will be informed whether or not an investigative consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from us, within 5 business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any reports.