

Background Check
Eagle Lake Homeowners Association, Inc.

Advantage Property Management, LLC
1111 SE Federal Hwy Ste 100
Stuart, FL 34994-3802
Phone – (772) 334-8900
Email - advantagepm@advpropmgt.com

*****Please present a separate form for each applicant*****

In connection with my application for residency I understand various sources will be contacted to provide an investigative background inquiry on me which 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 and release, discharge and indemnify the end user listed below 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 to be accepted with the same authority as the original. This signed release expires one year after the date of origination.

PLEASE PRINT

Association Name: **EAGLE LAKE HOA, INC. - For Residency**

Prospective Renter's FULL Legal Name: _____
(First) (Middle) (Last)

Maiden Name(s) (if applicable): _____
(First) (Middle) (Last)

Previous Married Name (if applicable): _____
(First) (Middle) (Last)

Social Security Number: _____ DOB: _____

Driver's License# (if have one): _____ State: _____

Current Street Address: _____

City/State/Zip: -----

Previous Street Address (if you have one): _____

City/State/Zip: -----

Applicant Phone: -----

APPLICANT'S SIGNATURE: _____ DATE: _____

PLEASE NOTE: This signature must be hand signed, not computer generated.