

THE MEADOWS AT MARTIN DOWNS
HOMEOWNERS ASSOCIATION, INC.
2550 SW Waterfall Blvd.
Palm City, FL 34990
Phone: 772-283-2250
Fax: 772-283-9024

****PLEASE PRESENT A SEPARATE FORM FOR EACH APPLICANT****

BACKGROUND INQUIRY CONSENT AND RELEASE

Pursuant to Article XXI of the Amended and Restated Declaration of Covenants and Restrictions for the Meadows at Martin Downs, I understand that, in connection with my application for residency, various sources will be contacted to provide information for a criminal background report and credit report. 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 Meadows at Martin Downs Homeowners Association, Inc. ("the Association") and its agents and associates in accordance with 15 U.S.C. §1681b. 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:

Prospective Purchaser's/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: _____

Drivers' License #: _____ State: _____

Previous State Address: _____

City/State/Zip: _____

APPLICANT PHONE: _____

APPLICANT'S SIGNATURE: _____

DATE: _____

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