

Dear Applicant,

We appreciate your interest in the Rocky River Assistance Program. As part of our application process, a routine inquiry into your background may be made. This inquiry may include a review of current employment, a credit report, driving record, civil and criminal litigation searches, and general reputation within the community.

Please read the following statement and indicate your agreement by signing below:

I authorize all persons, business organizations, companies, corporations, landlords, credit bureaus, and law enforcement agencies to provide the Rocky River Assistance Program and/or its agents any information concerning my background.

I release the Rocky River Assistance Program and its agents from any and all liability and responsibility, damages, and claims of any kind whatsoever arising from this investigation of my background.

APPLICANT MUST SIGN BELOW!

Signature

Date

Date of Birth

Driver's License No.

State

Social Security Number

Current Address WITH ZIP CODE:

Former Address WITH ZIP CODE:

(If current address is temporary or resided in for less than 2 years)

PLEASE PRINT THE NAME TO BE RESEARCHED BELOW:

Name of Screening Services Client Requesting this Report

Please Print Name

Phone Number

Fax Number