

**BACKGROUND INVESTIGATIVE AUTHORIZATION**  
**Tenants**

I understand that Spanish Trails West Homeowner's Association, Inc. reserves the right to conduct background investigations concerning tenants. I further understand such background investigations may be updated periodically if I become a tenant of Spanish Trails West Homeowner's Association. I understand background investigations on me will include gathering information from law enforcement agencies and/or criminal record searches.

I understand that I have the right to make a written request within a reasonable period of time to receive information about the nature and scope of an investigative report obtained pursuant to this authorization. I understand that I may request the name and address of the reporting agency furnishing such a report. I also understand that Spanish Trails West Homeowners Association, Inc. is not responsible by law nor is it obligated in any way to provide me a copy of any report or to disclose to me the content of any report it receives from any reporting agency. If I desire a copy of any such report, it is my responsibility to obtain a copy at my expense from the reporting agency.

I do hereby expressly release Spanish Trails West Homeowner's Association, Inc. and its employees and any person, association, firm or corporation furnishing Spanish Trails West Homeowner's Association, Inc. with any information concerning me or my affairs from any claims, cause of action or damages that may have or purport to have arisen by reason of having disclosed or furnished any information concerning me or my affairs, the provision of any law to the contrary being hereby expressly waived.

**( PLEASE USE BLACK INK ONLY )**

Acknowledged and agreed to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Employee/Applicant Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Printed Full Name

\_\_\_\_\_  
Date of Birth      Sex      Race

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City / State / Zip