



Manufactured Housing Communities of Oregon

MHCO Form 03: Criminal Check Authorization

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

By signature below, I authorize the preparation of an investigative report. I authorize to do a criminal check on all parties on this application. I agree to provide the property management with the following information and represent that the information is true and complete to the best of my knowledge.

Applicant's Full Name: _____

Former Name: _____

Date of Birth: _____ Social Security Number: _____

Driver's License Number & State: _____

Current Address: _____

Co-Applicant Information

Co-Applicant's Full Name: _____

Former Name: _____

Date of Birth: _____ Social Security Number: _____

Driver's License Number & State: _____

Current Address: _____

Applicant (and Co-Applicant) agree(s) that if approved by management to become tenants in the Community, that Applicant and (Co-Applicant) will not engage in any conduct in the Community or in the vicinity of the Community that results in any criminal charges being brought for violation of any criminal law involving violence or the threat of violence (hereinafter referred to as "Prohibited Acts"). Applicant (and Co-Applicant) understand and agree that if they, or a member of their household are charged with any Prohibited Acts, it shall constitute immediate grounds for issuance of a 24-hour notice of eviction. If Applicant (and Co-Applicant) is/are accepted as tenants in the Community, this agreement shall be and hereby is incorporated into the Rules and Regulations.

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____

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