

Energy Property Management

2020 NE 163rd St #300RR, North Miami Beach, FL 33162

RESIDENTIAL SCREENING AUTHORIZATION

Print Name: _____

Address: _____

Tel#: _____

City, State, and Zip: _____

SSN: _____ - _____ - _____ Date of Birth: _____ - _____ - _____ (Month, Day, Year)

Current Employer

Company: _____ Tel#: _____

Position: _____ Salary: _____

Dates of Employment: From _____ To: _____

Current and Previous Landlords

Current Landlord: _____ Tel#: _____

Living there: From _____ To: _____

Previous Landlord: _____ Tel#: _____

Lived there: From _____ To: _____

Previous Landlord: _____ Tel#: _____

Lived there: From _____ To: _____

I give my full authorization to obtain my Credit Report, Criminal History Record, Eviction Record and to verify the above information.

SIGNATURE: _____ **DATE:** _____