

Reconcilable Differences Management Company
109 Long Point Road Cape Canaveral, FL 32920
Phone: 321-799-0660 Fax: 321-799-0630
RecDif@earthlink.net www.ReconcilableDifferences.net



RESIDENTIAL SCREENING AUTHORIZATION FORM

Each applicant MUST fill out a separate release

(Please Print)

FULL Name: _____ Sex: _____

Address: _____

City, State, County,
Zip: _____

Social Security Number: _____ Date of Birth: ___/___/___

Driver's License # _____ State Issued: _____

Phone # _____ Cell or Home (circle one)

Lease Term: Number of Months: _____ **Move-in Date:** _____

Move-out Date: _____

Employer Company: _____ Phone: _____ Years with Company: _____

Job Title: _____ Supervisor Name: _____

Have you ever been evicted? YES _____ NO _____

Have you ever been in litigation with a landlord? YES _____ NO _____

Have you ever had adjudication withheld or been convicted of a crime? YES _____ NO _____

Unit Owner Name: _____ Unit # _____

I give my authorization to this landlord, AccuData Inc, or any party or agency contacted by this landlord to obtain and verify the above information, concerning a credit report, criminal records, motor vehicle and other history. I understand that inquiries may be made to various federal and state agencies, employers, and references.

Applicant's
Signature _____ Date _____

AccuData Screening Requested:

Package: 1 2 3 4 (please circle one)

Other Services: A B C D E F G H I J

Phone: (954) 755-8379 Fax: (800) 521-1905 E Mail: AccuDataInc@Bellsouth.net

DOLPHIN BEACH APARTMENT CONDOMINIUM ASSN, INC.

RESIDENT'S PROFILE

3680 Ocean Beach Blvd.

Cocoa Beach, FL 32931

Your cooperation in completing this profile thoroughly and promptly will be greatly appreciated. Please return the completed profile to management company Reconcilable Differences, Inc at 109 Long Point Rd, Cape Canaveral, FL 32920. We do supply other residents with a directory of neighbors, so if you wish to be unlisted, please make note of that.

UNIT # _____ **OWNER'S NAME:** _____

ALL RESIDENTS' FULL NAMES:

_____ Age: _____

_____ Age: _____

_____ Age: _____

Address for receiving mail: _____

City _____ State: _____ Zip _____

Telephone Numbers: Condo: _____ Cell #: _____

Work #: _____ Company Name: _____

Please Check one of the Following:

Full Time Resident _____ Rental Only _____

Part Time Resident _____ Both Residential & Rental _____

E-Mail Address: _____ Check if "None"

Emergency Contact: _____ Phone _____

Relationship: _____ State _____

Lease Term, if rental: _____ months, Ending date: _____

PET:

Type/Color: _____ Weight _____ Name: _____

Vehicle Registration:

Year: _____ Make: _____ Model: _____ Color: _____ Tag#: _____ State: _____

Date this Form was Filled Out: _____