

# LAKE TIPPECANOE OWNERS ASSOCIATION, INC.

c/o Lighthouse Property Management  
16 Church Street, Osprey, FL 34229  
Office: 941.966.6844 Fax: 941.966.7158  
www.lighthousepropertymanagement.net

## BACKGROUND CHECK

*All information collected on this form and obtained from this background check will only be used internally as part of the application process and will be kept strictly confidential.*

**PROPERTY ADDRESS:** \_\_\_\_\_  
*To be rented or purchased*

**(Payable to LTOA)**

Check One		Check One	
	\$50.00 per single applicant		Purchase
	\$90.00 per couple		Rental

### APPLICANT

### CO-APPLICANT

Name \_\_\_\_\_

Contact Phone # \_\_\_\_\_

Social Security # / Social Ins # \_\_\_\_\_

Date of Birth \_\_\_\_\_

Driver's License # / State / Prov. \_\_\_\_\_

Other Credit Reference (optional) \_\_\_\_\_

Have you or co-applicant filed personal bankruptcy in the last ten (10) years  Yes  No

If yes, give name, date and address of residence at time of filing \_\_\_\_\_

Has any tax authority filed a lien against you or co-applicant in the last ten (10) years  Yes  No

List name, date, tax authority and reason for lien \_\_\_\_\_

Have you or co-applicant ever been evicted from a residence in the last ten (10) years  Yes  No

Give name, date, and residence address \_\_\_\_\_

Name and address of current landlord (if applicable): \_\_\_\_\_

Have you or your co-applicant been convicted of any crime in the last ten (10) years (excluding motor vehicle violations), give name, date, charges, location of violation and residence address at the time of violation (use separate sheet if needed). If none, please state none. \_\_\_\_\_

PLEASE LIST ALL RESIDENCES FOR THE PAST TEN (10) YEARS, STARTING WITH YOUR CURRENT ADDRESS

**Applicant**

<u>From</u>	<u>To</u>	<u>Number, Street, Apt. No.</u>	<u>City/State/Prov</u>	<u>Zip/Postal Code</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Co-Applicant Where Different From Above**

<u>From</u>	<u>To</u>	<u>Number, Street, Apt. No.</u>	<u>City/State/Prov</u>	<u>Zip/Postal Code</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**AUTHORIZATION FOR VERIFICATION OF INFORMATION FOR CREDIT REPORT, PUBLIC RECORD, RENTAL OR LEASE HISTORY AND EMPLOYMENT INFORMATION**

I/we agree to hold harmless, Corelogic SafeRent and all providers of information on the prospective tenant(s) or purchaser(s) stated above. In the event the information provided by me (us) is found to be misleading or false, my/our acceptance for this rental, lease or purchase, whether determination is made before or after my date of occupancy, may be affected.

I/we do hereby authorize with my (our) signature(s), the release of public records, credit report, rental or lease information and employment verification whether by fax, verbal, photo copy or original signature to CoreLogic SafeRent and all its members now and in the future.

I/we do hereby represent the information provided is true and complete and hereby authorize verification of the information, including residences, criminal and credit information. I/we acknowledge that false information hereon may constitute grounds for rejection of this application and termination of the right of occupancy. I/we acknowledge a fee will be charged to cover the cost of verifying the information provided and that I/we have received a copy of the condominium rules and regulations and agree to abide by them as a resident(s).

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date