



GENERAL CONSENT RELEASE

The following named individual has made application with:

_____ Property

Please PRINT complete Legal Name:

_____ Last First Middle
Date of Birth / /
Maiden/Former Month Day Year

Drivers License _____ State _____ Social Security # _____

Address _____ City _____ State _____ Zip _____

Previous Address _____ City _____ State _____ Zip _____

Employment _____

Current job _____ (years) Current Job Income _____ (monthly)

I authorize CBCInnouis and MetroPlains to investigate my criminal history, residential, employment and income history, bank and credit history for the purpose of housing and/or employment. The source of the information may come from, but is not limited to: Credit Bureaus; banks and other depository institutions; current and former employers; federal or state records including State Employment Security Agency records, county or state criminal records as follows, or other sources s required. It is understood that a photocopy or facsimile copy of this form will serve as authorization.

This authorization is for this transaction only and continues in effect for one (1) year unless limited by state law, in which case the authorization continues in effect for the maximum period, not to exceed one (1) year, allowed by law.

_____ Applicant's Signature _____ Date

ADDITIONAL SEARCH REQUESTED

Out of state search , County (If you lived in any other state, please list city, state & county)

1. _____
City County State

2. _____
City County State



This institution is an equal opportunity provider and employer. We do not discriminate against any person because of race, color, sex, religion, national origin, handicap, familial status, age, marital status, or receipt of 1973 public assistance as provided under applicable State laws and Section 504 of the Rehabilitation Act of coordinator available. TDD 800.366.6888

