THE RACQUET CLUB OF VERO BEACH CONDOMINIUM ASSOCIATION, INC.

DISCLOSURE

APPLICANT AUTHORIZATION and CONSENT FOR RELEASE of INFORMATION

I hereby authorize The Racquet Club of Vero Beach Condominium Association, Inc. and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for residency purposes.

I understand that the scope of the consumer report/investigative report may include, but is not limited to, the following areas:

Verification of social security number; current and previous residences; character references and criminal history records from any criminal justice agency in any or all federal, state, or county jurisdictions.

I hereby expressly release The Racquet Club of Vero Beach Condominium Association, Inc. and its designated agent, Elliott Merrill Community Management and any procurer or furnisher of information, from any liability whatsoever in the use, procurement, or furnishing of such information, and will not hold Elliott Merrill Community Management liable for any breach in confidentiality, claim, damage, or loss that may occur after the information is conveyed to the Board of Directors of The Racquet Club of Vero Beach Condominium Association, Inc.

Applicant Signature _____Date_____

Co-Applicant Signature _____Date_____

The DISCLOSURE APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION form is to be collected by the current unit owner (to better manage and expedite the documentation flow). However, prospective tenants or prospective Unit Owners will be directed to NOT fill out the section below with personal information, but rather contact Kim Murray at Elliott Merrill to provide the personal information.

CONFIDENTIAL PERSONAL INFORMATION
NOT OPEN FOR INSPECTION AS OFFICIAL RECORDS OF THE ASSOCIATION

Contact Kim Murray, VB-Elliott Merrill, (772) 569-9853 ext. 126, kimm@elliottmerrill.com to provide personal information. Data will be used to run the background check, and then will be DESTROYED.

_____ _____
Applicant Last Name (Maiden Name) Applicant First Name

_____ _____
Co-Applicant Last Name (Maiden Name) Co-Applicant First Name

Applicant SS#_____ Co Applicant SS#_____

Applicant Date of Birth: _____ Co-Applicant Date of Birth: _____

GOVERNMENT ISSUED IDENTIFICATION (DRIVER LICENSE or provide PASSPORT info.)

Applicant Driver License # / ST Co-Applicant Driver License # / ST

Number:_____ Number: _____

State:_____ State:_____