

**BROWN'S BACKGROUND CHECKS**  
**CONSENT TO OBTAIN CONSUMER REPORT ON SUBSCRIBER**  
**Cypress Chase Condominium Association C Inc.**

I understand that you may obtain consumer reports that relate to my credit and/or criminal history. This information will, in whole or in part, be obtained from AISS, a Sterling Infosystems Company, 6111 Oak Tree Blvd, 4<sup>th</sup> floor, Independence, OH 44131, telephone 800.853.3228. I understand that you may be requesting information from various federal, state and other agencies or institutions, which maintain public and non-public records concerning my past activities relating to my credit and/or criminal history. This information will be reviewed by the Association and may be reviewed by a unit owner if it's a rental.

I authorize, without reservation, any party, institution, or agency contacted by AISS to furnish the above mentioned information:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Applicant Name                      Date of Birth\*                      Social Security Number  
\*Date of Birth is requested in order to obtain accurate retrieval of records.                      If International please provide  
Passport Number

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Co-Applicants Name                      Date of Birth                      Social Security Number  
If International please provide  
Passport Number

\_\_\_\_\_  
Alias/Previous Name(s)

\_\_\_\_\_  
Current Physical Address                      City & State                      Zip code

**California, Minnesota & Oklahoma Applicants Only:** Please check here to have a copy of your consumer report sent directly to you.

**Notice to CALIFORNIA Applicants**

Under Section 1786.22 of the California Civil Code, you have the right to request from AISS, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you, which AISS has previously furnished within the two-year period preceding your request. You may view the file maintained on you by AISS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Co-Applicant  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_