

Fountain Park Apartment's
Adult Occupant Authorization Form

Applicant/Resident's Name: _____

Applicant/Resident's Name: _____ Bldg. /Apt: _____

Adult Occupant Information

Name: _____ SS#: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Phone number: _____

Driver's License/Govt. ID: _____ Type: _____

Have you been convicted of a felony and/or a misdemeanor involving a controlled substance, violence to another person or destruction of property, or a sex crime?

____ No

____ Yes

Do you have a legal right to be in the United States?

____ Yes, because I am a United States citizen

____ Yes, because I have valid documentation from the Bureau of Citizenship and Immigration Services

____ No

I hereby consent to allow **Fountain Park Apartments**, through its designated agent and its employees, to conduct a criminal background search for the purpose of determining whether or not I can reside in their Apartment Community per their established policies.

Adult Occupant Signature: _____

Date: _____

Identification Verified by: _____

