

MIRACLE VILLAGE, INC.
1208 Birmingham Street
Tallahassee, Florida 32304
(850) 222-0561 Office
(850) 222-1708 Fax

CONSENT FORM DISCLOSURE OF INFORMATION

A separate form must be completed for each household member over the age of 18.

Applicant Name: _____ Home Phone#: (____) _____
Social Security Number: ____-____-____ Date of Birth: ____/____/____
Present Address: _____ Previous Address: _____

I hereby give consent to management of the above named apartment community to obtain an investigative consumer report and to access any records pertaining to me, which may be on file at any:

Credit Agency Local or State Agency
Law Enforcement Agency State of Local Repository
City, State, or Federal Court State or Local Sexual Offender Registry

I understand that I do not have to sign this consent form if it is not clear who will provide the information or who will receive the information.

I do understand that the investigation will include information from the law enforcement agencies, credit reporting agencies, and other documents of public records, and these reports will be used in making decisions about my potential tenancy. I hereby authorize any agency contacted to furnish any and all information required. This releases the aforesaid parties from any liability and responsibility for providing the above information at any time.

I further understand that this report will not be used in violation of any Federal or State Equal Opportunity Law or Regulation, and that, if any adverse action is to be taken based on the Consumer Report, a summary of my rights under the Fair Credit Reporting Act will be provided to me.

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subjected to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based of this verification form is restricted to the purposes cited above. Any person, who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f) (g) and (h). Violations of these provisions are cited as violations of 42 U.S.C. 408 f, g, and h.

Information will be provided as follows:

Provider:

Edge Information Management, Inc.

Receiver:

MIRACLE VILLAGE
1208 BIRMINGHAM STREET
Tallahassee, FL 32304

Signature of Applicant: _____ Date: _____