CREDIT REPORT AUTHORIZATION FORM

By my signature below I,	, authorize
	d Check and / or Consumer Credit Report on me. I understand es to provide the credit and background check.
	of verifying information given pursuant to leasing, rental, purpose covered under the Fair Credit Reporting Act (FCRA).
The Background Check may contain infointerviews with persons other than previou	ormation available in the Public Domain but may not include as employers or their agents.
educational institutions, law enforcement	norize all corporations, former employers, credit Agencies, agencies, city, state, county and Federal courts and agencies, ll information they may have about me including criminal and evalid in original or copy form.
Applicant's Name:	
Social Security Number:	Date of Birth:
Provide Addresses for the Last 7 Year	ars
Current Street Address:	City:
State:	
Driver's License #:	State:
Signature:	Date:

NOTE: PLEASE INCLUDE A COPY OF A VALID DRIVERS LICENSE
You can either fax this application to 516.350.6801 or Email it to info@shabbirrealty.com