

1778 Samurai Point Q-1 Lutz, FL 33558 813-848-6411 www.PLCA.rocks



Background Investigation – Authorization Form

Date:	PLCA Unit/Lot:	
Landlord/Owner Name	2:	
Applicant's Mailing Ad	dress:	
Will Unit/Lot Be Rente	d? □ Yes □ No Rent Ai	mount: \$
	National C	riminal Report
		the property owner/manager to inquire into my/our claim any invasion of privacy against them now or in the
	Applicant	Co-Applicant
□Single □Married	□Married to Co-Applicant	□Spouse □Roommate □Co-Signer
SS#:		SS#:
Full Name:		Full Name:
Date of Birth:		Date of Birth:
		Current Address:
Phone #:		Phone #:
Landlord Name:		Landlord Name:
Rent: \$		Rent: \$
Employer:		Employer:
Occupation:		Occupation:
How Long Work #		How Long Work #
Supervisor:		Supervisor:
Eviction? □Yes	□No	Eviction? □Yes □No
DL #	(State)	DL # (State)
Signature:		Signature: