

# Renewable Community Initiative, Inc.

## CREDIT BACKGROUND, LEGAL, AND SECURITY RELEASE [COMPLETION IS MANDATORY]

I hereby authorize Renewable Community Initiative, Inc. [RCI] on behalf of \_\_\_\_\_ to request and receive any and all information from any credit bureau, previous employers (with respect to matters other than occupation), referenced and, with respect to any criminal convictions from any law and security enforcement agencies.

I will hold harmless and/or release RCI, and \_\_\_\_\_ from any and all claims and liability which may arise now or in the future with regard to the obtaining or the releasing of the above stated information for the purpose of doing credit checks, reference checks, and criminal activity checks.

Please print the following:

1. Full name and/or aliases: \_\_\_\_\_
2. Full address: \_\_\_\_\_
3. Social Security #: \_\_\_\_\_
4. Employer's Name (Company Name): \_\_\_\_\_
5. Are you 18 years of age or older? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If not state your age: \_\_\_\_\_

Agreed to by: \_\_\_\_\_

Signature

\_\_\_\_\_

Name

Date: \_\_\_\_\_

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## EMERGENCY CONTACT INFORMATION [COMPLETION IS MANDATORY]

Occasionally a maintenance situation or emergency may occur when it is imperative to contact occupant(s) as a courtesy when they may not be on the premises. This form must be fully completed for anyone requesting lodging and the information will be used in security and background checks.

Repair work can be hampered when occupant(s) are away, on vacation or at work. Extensive damage can be prevented if we have a method of contacting the occupant(s) or emergency contact designated below. If no one can be immediately reached, then RCI will gain entry.

To avoid this problem, we require that you fill in the information below, and return it to RCI.

SUITE NAME: \_\_\_\_\_

NAME OF OCUPANT(S) \_\_\_\_\_ SS# \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

IN CASE OF EMERGENCY, CONTACT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_

BUSINESS TELEPHONE: \_\_\_\_\_

Please add any additional information you feel may assist RCI to reach you immediately: