Tenant Screening Consent Form

I hereby authorize Carelon, Pacific Screening Inc. and its designated agents and representatives to conduct a background investigation to obtain information relating to housing. I understand that information obtained in the background check shall be used for educational purposes and to identify and address barriers to housing with the intent of assisting me in obtaining housing.

I understand the scope of the screening may include but will not be limited to the following: Consumer Credit History (in compliance with the Fair Credit Reporting Act), Criminal Records, Civil Court Records, Current and Past Residence, Social Security Trace and additional services.

I understand that I must provide my date of birth to adequately complete said screening.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purposes. I hereby release the property owner, agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the request for or release of any of the mentioned information or reports. This authorization/consent shall be valid for the term of my affiliation with the above named agency.

Carelon Staff Use Only	
Participant Name	
Identifier Number	
Date screening was ran	

Participant Information	
First Name	
Middle Name	
Last Name	
Other Names Used	
Social Security Number	
Date of Birth	

Street Address	
City	
State	
Zip Code	
Please list last known addresses, if possible	
Street Address	
City	
State	
Zip Code	
Street Address	
City	
State	
Zip Code	

I understand Carelon is only performing the tenant background screening and has no part in the decision-making process when being approved or a unit.

I grant permission to Carelon, Pacific Screening Inc., and its designated agent to conduct a background screening as stated above and I agree to all information in this authorization.

By signing this form, I agree to all the statements listed above and certify all the information I provided is true and accurate.

Participant Signature	
Date	