



N2N Housing Hub

1550 Blue Spruce Drive
Fort Collins, CO 80524
970.484.7498 | n2n.org

TENANT INQUIRY RELEASE

I understand that investigative inquiries on my background, in accordance with the Fair Credit Reporting Act and all state and federal laws, are to be made on me, including information as to my personal character, abilities, work habits, mode of living, residency, immigration status, general reputation, performance, experience, and other qualities.

I understand that Neighbor to Neighbor and/or RentGrow, Inc. dba Yardi Resident Screening (YRS) may make inquiries, including but not limited to my consumer credit history, education, professional licensing, criminal history and driving history. Furthermore, I understand that Neighbor to Neighbor and/or YRS may request information from various federal, state, and other agencies that maintain records concerning my past driving history, credit history, criminal history, military history, civil and other experiences, as well as claims involving me in the files of insurance companies. I also understand that I and my household members will be check against the National Sex Offender Registration Program in all states.

Upon written request, I will be informed whether an investigative consumer report was requested and will be given full information as to the nature and scope of this investigation, as well as the name of the reporting agency or sources of information.

I authorize without reservation, any party (including, but not limited to, employers, law enforcement agencies, state agencies, institutions and private information bureaus or repositories) contacted by Neighbor to Neighbor and/or YRS to furnish any or all of the above mentioned information. In addition, I hereby release Neighbor to Neighbor and YRS from any and all liability for damages arising from the investigation and disclosure of the requested information. I further release and discharge all liability from all companies, agencies, officials, officers, employees, and other persons, who, in good faith, provide to Neighbor to Neighbor and/or YRS the above mentioned information as requested, in order to successfully complete my background investigation. I will allow a photocopy of this authorization to be as valid as the original.

PRINT FULL NAME _____

*SOCIAL SECURITY # _____ - _____ - _____ *DATE OF BIRTH ____/____/____

CURRENT ADDRESS _____

PHONE NUMBER _____ DRIVER'S LICENSE NO. _____ STATE _____

APPLICANTS SIGNATURE _____ DATE _____

* Social Security number and date of birth will be blacked out if this authorization is requested by a 3rd party to provide Neighbor to Neighbor and/or YRS information and will not be used for discriminatory purposes.

