

**Village of Cool Branch / Atlantic Realty Management, LLC.**  
**Application for Residency Instruction Sheet**  
***(Please Read Carefully)***

1. There is a \$50.00 non-refundable application fee per applicant that must accompany this application in the form of money order. No checks will be accepted. There is an application fee of \$30 for each additional occupant over 18 years of age.
2. Please read the application carefully and complete every blank that applies to you, the co-applicant or occupants of the home. If certain items do not apply to you, your co-applicant or occupants, please mark the blanks "N/A." **INCOMPLETE APPLICATIONS WITHOUT THE REQUIRED SUPPORTING DOCUMENTS WILL NOT BE PROCESSED.**
3. All applicants and potential occupants over the age of eighteen (18) must sign the form "Permission to Disclose and Openly Discuss Credit and Criminal History."
4. All applicants must submit a year-to-date pay stub and/or verification of all income being used to demonstrate income eligibility. If you are self-employed, you will need to provide signed copies of federal income tax returns for the previous two years.
5. If you have not been employed with the same employer for one (1) year, you must be able to provide a five (5) year employment history.
6. Applicants must provide two forms of identification, i.e. State issued ID card, or State issued Drivers License and a Social Security Card.
7. Foreign Nationality applicants must provide, in addition to current State driver's License, a Birth Certificate, Visa Card, Green Card, Work and /or Student Permit, and citizenship papers, when applicable.
8. It is mandatory that you provide us with a copy of your purchase agreement and a title if applicable in order to demonstrate "proof of ownership" and the amenities package of your manufactured home. This form must be provided in order to process the application. A copy of this form will remain in your file with a copy of your lease, if approved.
9. All persons listed on the title of your home, must complete and sign the Application for Residency.
10. At least one person on the title must reside in the home.
11. The pet application must be completed if you wish to bring a pet into the community. We ask that you sign this form even if you will not be bringing a pet into the community as acknowledgment that you are aware of our pet policy.
12. Providing the application is completed accurately and required information for the application are returned to this office, your application will be processed as quickly as possible. Timely response from the agency will depend on each individual background check. Generally, it will take up to five (5) business days for the results to come back. You will be contacted by the Village of Cool Branch / Atlantic Realty Management, LLC with said results.
13. Please return the entire application to the Village of Cool Branch office at 100 Hitch Pond Circle, Seaford DE 19973. Please do not hesitate to call us at 302-629-4375 with any questions you may have.

VILLAGE OF COOL BRANCH / ATLANTIC REALTY MANAGEMENT, LLC.  
CHECKLIST FOR APPLICANTS

Please use this form as you complete the Application for Residency. As each item needed for the application is gathered, check it off on the list below. This will ensure that when you return the Application for Residency to the Village of Cool Branch/ Atlantic Realty Management, LLC, you will have all the supporting documents needed.

1. \_\_\_\_\_ \$50.00 Non-refundable application fee per applicant. \$30.00 application fee for each additional potential occupant over 18 years of age.
  
2. \_\_\_\_\_ Provide proof of employment for one (1) year with the same employer along with proof of income.
  
3. \_\_\_\_\_ Provide employment history for the previous five (5) years if not employed with the same employer for one (1) year.
  
4. \_\_\_\_\_ Provide signed copies of federal income tax returns for the previous two years, if self- employed.
  
5. \_\_\_\_\_ Provide verification of any additional income used to determine eligibility. (i.e. disability, pension or other form of retirement income, social security, child support).  
Note: All income stated on the application must have supporting documentation.
  
6. \_\_\_\_\_ Provide a copy of driver's license and social security card for each applicant and potential occupant over 18 years of age.
  
7. \_\_\_\_\_ Provide a copy of the title to the home or a copy of the purchase agreement.
  
8. \_\_\_\_\_ Completed the pet application, have provided pictures of the pet/s, copy of shot record (rabies) and a copy of pet license.

VILLAGE OF COOL BRANCH/ATLANTIC REALTY MANAGEMENT, LLC.  
APPLICATION FOR RESIDENCY

**IMPORTANT:** Please take care in completing this application. Make sure all information you provide is complete and accurate. State laws provide that a community owner may evict a resident for intentionally making false or misleading statements on any application for residency.

PERSONAL INFORMATION (PLEASE PRINT)

APPLICANT 1

Name \_\_\_\_\_  
Last First Middle Initial

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Drivers License # \_\_\_\_\_ Issuing State \_\_\_\_\_

APPLICANT 2

Name \_\_\_\_\_  
Last First Middle Initial

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Drivers License # \_\_\_\_\_ Issuing State \_\_\_\_\_

OCCUPANTS RESIDING IN THE HOME

Name \_\_\_\_\_  
Date of birth \_\_\_\_\_ SS# \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_  
Date of birth \_\_\_\_\_ SS# \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_  
Date of birth \_\_\_\_\_ SS# \_\_\_\_\_ Relationship \_\_\_\_\_

Total number of persons that will reside in the home including you \_\_\_\_\_

PETS: Do you have any pets? \_\_\_ Yes \_\_\_ No How many? \_\_\_\_\_  
IF YES, A PET APPLICATION MUST BE APPROVED WITH APPLICATION FOR RESIDENCY.

NOTICE: In order to obtain a Rental Agreement, it is mandatory that you provide us with a copy of the title or purchase agreement to your home to show "Proof of Ownership" of your manufactured home. This copy will remain in your file along with a copy of your Rental Agreement. During the term of tenancy, you are required to notify the community owner of any changes in the number, identity, or status of the occupants of the home listed herein.

**MANUFACTURED HOME INFORMATION**

I/we are purchasing the following manufactured home

- New Model home or ordered home
- Pre-owned model or privately owned home currently in the community
- Bank owned home currently in the community

*(All pre-owned and bank owned homes must be approved and are subject to a \$50.00 non-refundable inspection fee)*

Name of retailer or party selling the home: \_\_\_\_\_

Name of sales associate: \_\_\_\_\_

Address and phone number of retailer/selling party: \_\_\_\_\_

Current location of home: \_\_\_\_\_

Size of home: \_\_\_\_\_ (Excluding hitch)      Manufacturer: \_\_\_\_\_      Model: \_\_\_\_\_

Serial number: \_\_\_\_\_      Year of home: \_\_\_\_\_

Number of bedrooms: \_\_\_\_\_      Number of bathrooms: \_\_\_\_\_

Electrical service required:  100 amp       200 amp      Type of Heat:  LP gas       electric

Does your home have?  washer       dryer       dishwasher       central air  
*(Please check all that apply)*

**Note: Garbage disposals are not permitted!**

**FINANCING INFORMATION:**

Name of Lending Institution: \_\_\_\_\_

Address of Lending Institution: \_\_\_\_\_

Phone # \_\_\_\_\_      Contact Person: \_\_\_\_\_

Amount Financed \$ \_\_\_\_\_      Monthly Payment \$ \_\_\_\_\_      Financed for \_\_\_\_\_ years



**APPLICANT 1 INFORMATION**

VEHICLE INFORMATION: 1. \_\_\_\_\_  
Year                      Make                      Tag #                      State

2. \_\_\_\_\_  
Year                      Make                      Tag#                      State

Do you own any of the following:     Travel or utility trailer     Motor Home     Boat    Motorcycle ?

If YES to any above, please provide details: \_\_\_\_\_

\_\_\_\_\_

CREDIT REFERENCES: (please use an additional sheet if necessary)

\_\_\_\_\_  
Name and address of creditor                      Account #                      Monthly Payment

\_\_\_\_\_  
Name and address of creditor                      Account #                      Monthly Payment

\_\_\_\_\_  
Name and address of creditor                      Account #                      Monthly Payment

**CRIMINAL BACKGROUND:**

Have you ever been charged with a Criminal Offense?     Yes     No    If YES, please EXPLAIN:

\_\_\_\_\_

Have you ever been charged with a Drug Related Offense?     Yes     No    If YES, please EXPLAIN:

\_\_\_\_\_

**PERMISSION TO DISCLOSE AND OPENLY DISCUSS CREDIT, CRIMINAL, AND EMPLOYMENT HISTORY**

I hereby authorize Atlantic Realty Management, LLC to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and or any other necessary information. I hereby expressly release Atlantic Realty Management, LLC and any procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state and or federal government agencies including without limitation, various law enforcement agencies. Additionally I understand that refusal to sign this form may result in untimely delays in processing my application or can be grounds for denial of residency. Any negative history may be reason for denial of this application.

\_\_\_\_\_  
Applicant 1 Signature

\_\_\_\_\_  
Date



**APPLICANT 2 INFORMATION**

(Page 2)

**VEHICLE INFORMATION:**

1. \_\_\_\_\_  
Year                      Make                      Tag #                      State

2. \_\_\_\_\_  
Year                      Make                      Tag#                      State

Do you own any of the following:    \_\_\_ Travel or utility trailer    \_\_\_ Motor Home    \_\_\_ Boat \_\_\_ Motorcycle?

If YES to any above, please provide details: \_\_\_\_\_

\_\_\_\_\_

**CREDIT REFERENCES:**

\_\_\_\_\_  
Name and address of creditor                      Account #                      Monthly Payment

\_\_\_\_\_  
Name and address of creditor                      Account #                      Monthly Payment

\_\_\_\_\_  
Name and address of creditor                      Account #                      Monthly Payment

**CRIMINAL BACKGROUND:**

Have you ever been convicted of a Criminal Offense?    \_\_\_ Yes    \_\_\_ No    If YES, please EXPLAIN:

\_\_\_\_\_

Have you ever been convicted of a Drug Related Offense?    \_\_\_ Yes    \_\_\_ No    If YES, please EXPLAIN: .

\_\_\_\_\_

**PERMISSION TO DISCLOSE AND OPENLY DISCUSS CREDIT, CRIMINAL, AND EMPLOYMENT HISTORY**

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\_\_\_\_\_  
Applicant 2 Signature

\_\_\_\_\_  
Date



**ALL APPLICANTS/ OCCUPANTS OF THE HOME THAT ARE  
18 YEARS OF AGE OR OLDER MUST SIGN BELOW**

**PERMISSION TO DISCLOSE AND OPENLY DISCUSS CREDIT,  
CRIMINAL AND EMPLOYMENT HISTORY**

I hereby authorize Atlantic Realty Management, LLC to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and or any other necessary information. I hereby expressly release Atlantic Realty Management, LLC and any procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state and or federal government agencies including without limitation, various law enforcement agencies. Additionally I understand that refusal to sign this form may result in untimely delays in processing my application or can be grounds for denial of residency. Any negative history may be reason for denial of this application.

***BY PROVIDING YOUR EMAIL ADDRESS, YOU WILL BE SENT AN ELECTRONIC  
COPY OF YOUR CREDIT / CRIMINAL REPORT***

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Occupant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Date of Birth

Email Address: \_\_\_\_\_  
\*\*\*\*\*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Occupant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Date of Birth

Email Address: \_\_\_\_\_  
\*\*\*\*\*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Occupant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Date of Birth

Email Address: \_\_\_\_\_

VERIFICATION OF EMPLOYMENT FOR APPLICANT 1

DATE: \_\_\_\_\_

TO: \_\_\_\_\_

The following individual, Social Security # \_\_\_\_\_  
Has applied for residency at a managed community with Atlantic Realty Management, LLC. The information submitted states that he or she, was or is currently, employed by your company.

Will you kindly reply to the inquiry below regarding this applicant? Your reply will be held in strict confidence and we will in no way hold you responsible for your responses.

1. Length of employment: From \_\_\_\_\_ to \_\_\_\_\_
2. Is applicant paid weekly, bi-weekly or monthly? \_\_\_\_\_
3. Applicant's rate of pay? \_\_\_\_\_ Per hour \_\_\_ Per week \_\_\_ Per Year
4. Is Applicant? \_\_\_ Full time \_\_\_ Part time
5. Is Applicant? \_\_\_ Year round \_\_\_ Seasonal
6. Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of person supplying information

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of company

**Applicant - Please complete ONLY this portion below!**

I, \_\_\_\_\_, authorize \_\_\_\_\_  
Print your name Print name of company

To release information regarding my employment history, services, character and conduct while in your employ to ATLANTIC REALTY MANAGEMENT, LLC. Atlantic Realty Management, LLC releases you from any and all liability, which may result in furnishing such information.

\_\_\_\_\_  
Signature of Applicant 1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



**VERIFICATION OF EMPLOYMENT FOR APPLICANT 2**

DATE: \_\_\_\_\_

TO: \_\_\_\_\_

The following individual, \_\_\_\_\_, Social Security # \_\_\_\_\_  
Has applied for residency for a managed community with Atlantic Realty Management, LLC. The information submitted states that he or she, was or is currently, employed by your company.

Will you kindly reply to the inquiry below regarding this applicant? Your reply will be held in strict confidence and we will in no way hold you responsible for your responses.

1. Length of employment: From \_\_\_\_\_ to \_\_\_\_\_

3. Is applicant paid weekly, bi-weekly or monthly? \_\_\_\_\_

3. Applicant's rate of pay? \_\_\_\_\_ Per hour \_\_\_ Per week \_\_\_ Per Year

4. Is Applicant? \_\_\_ Full time \_\_\_ Part time

5. Is Applicant? \_\_\_ Year round \_\_\_ Seasonal

7. Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of person supplying information

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of company

**Applicant - Please complete ONLY this portion below!**

I, \_\_\_\_\_, authorize \_\_\_\_\_  
Print your name Print name of company

To release information regarding my employment history, services, character and conduct while in your employ to ATLANTIC REALTY MANAGEMENT, LLC. Atlantic Realty Management, LLC releases you from any and all liability, which may result in furnishing such information.

\_\_\_\_\_  
Signature of Applicant 2

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

VERIFICATION OF RESIDENCY FOR APPLICANT 2

DATE: \_\_\_\_\_

TO: \_\_\_\_\_

The following individual, \_\_\_\_\_, Social Security # \_\_\_\_\_  
Has applied for residency for a managed community with Atlantic Realty Management, LLC. The information submitted states that he or she, was or is, a resident of your community.

Will you kindly reply to the inquiry below regarding this applicant? Your reply will be held in strict confidence and we will in no way hold you responsible for your responses.

1. Length of residency: From \_\_\_\_\_ to \_\_\_\_\_
  
3. Resident(s) monthly rental amount \$ \_\_\_\_\_
  
3. Does resident always pay on time? \_\_\_ YES \_\_\_ NO  
If NO, how many times has resident been late? \_\_\_\_\_
  
4. Is the resident being asked to leave? \_\_\_ YES \_\_\_ NO
  
6. Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of person supplying information

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Company

**Applicant - Please complete ONLY this portion below!**

I, \_\_\_\_\_, authorize \_\_\_\_\_  
Print your name Print name landlord or community

To release information regarding my payment history, services, character and conduct while in your residence to ATLANTIC REALTY MANAGEMENT, LLC. Atlantic Realty Management, LLC releases you from any and all liability, which may result in furnishing such information.

\_\_\_\_\_  
Signature of Applicant 2

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**ATLANTIC REALTY MANAGEMENT, LLC.**  
**MONTHLY LIVING EXPENSES WORKSHEET FOR APPLICANT(S)**

1.     \$ \_\_\_\_\_     Manufactured home payment
2.     \$ \_\_\_\_\_     Lot rent (check with Community Manager on rental rent)
3.     \$ \_\_\_\_\_     Car payment(s)
4.     \$ \_\_\_\_\_     Other installment loan or credit card payments
5.     \$ \_\_\_\_\_     Food expense     Must allow at least \$200.00 (add \$100.00 each for additional occupants)
6.     \$ \_\_\_\_\_     Electric            Must allow at least \$ 70.00 (\$120.00 if heated by electric)
7.     \$ \_\_\_\_\_     LP gas             Must allow at least \$ 100.00 if home is heated by gas
8.     \$ \_\_\_\_\_     Telephone         Must allow at least \$ 40.00
9.     \$ \_\_\_\_\_     Cable/satellite TV     Must allow at least \$ 35.00
10.    \$ \_\_\_\_\_     Auto expense (gas, etc) allow \$0.47 x \_\_\_ # miles driven per month.
11.    \$ \_\_\_\_\_     Taxes on home        Must allow at least \$ 30.00 (\$360 per year)
12.    \$ \_\_\_\_\_     Clothing expense     Must allow at least \$ 40.00
13.    \$ \_\_\_\_\_     Insurance -health, auto, home, life -
14.    \$ \_\_\_\_\_     Medical expenses - physician visits/prescription medication
15.    \$ \_\_\_\_\_     Child care/babysitting expense
16.    \$ \_\_\_\_\_     Recreation expenses     Must allow at least \$ 60.00
17.    \$ \_\_\_\_\_     Discretionary funds
18.    \$ \_\_\_\_\_     Other Expenses - Please specify
- \$ \_\_\_\_\_     TOTAL MONTHLY LIVING EXPENSES
- \$ \_\_\_\_\_     Total net monthly income Applicant 1
- \$ \_\_\_\_\_     Total net monthly income Applicant 2
- \$ \_\_\_\_\_     Total net monthly combined income
- \$ \_\_\_\_\_     Less monthly expenses from above
- \$ \_\_\_\_\_     Available income (must be positive)

\_\_\_\_\_  
Signature Applicant 1

\_\_\_\_\_  
Signature Applicant 2

Expenses verified by: \_\_\_\_\_

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

VILLAGE OF COOL BRANCH/ATLANTIC REALTY MANAGEMENT, LLC.

PET APPLICATION

1. There is a **maximum** of two (2) indoor pets per home.
2. A pet cannot be taller than twenty (20) inches at the shoulder at full maturity.
3. The following breeds (or mixes) are not permitted in the community: German Shepherds, Pit Bulls, Rottweilers, Dobermans, Dingos, Terriers, Chows, or Huskies.
4. Resident must provide a current copy (for our files) of vaccination records, License, and rabies certificate along with a photo of each pet at the time of lease signing.

Type and breed of pet #1 \_\_\_\_\_

Height \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_

Expected full grown height \_\_\_\_\_ Expected full grown weight \_\_\_\_\_

Type and breed of pet #2 \_\_\_\_\_

Height \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_

Expected full grown height \_\_\_\_\_ Expected full grown weight \_\_\_\_\_

\_\_\_\_\_  
Applicant 1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant 2 Signature

\_\_\_\_\_  
Date

**Note: The rental agreement contains additional pet rules and regulations. All applicants must sign this form regardless of whether or not they intend on having a pet.**

## CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)

This authorization and consent for release of personal information acknowledges that \_\_\_\_\_ (Hereafter referred to as "**Company**") and/or its agent, **C4 Operations LLC**, may now, or at any time I am enrolled in, assigned to, volunteer with or am employed by this **Company**, conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to: searches of educational institutions attended; state driving records; financial or credit institutions; employment, including work history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); records from the U.S. Veteran' Administration; criminal history information on file in local, state or federal agencies; and motor vehicle records, and following an employment offer, workers' compensation reports from either the Department of Labor, National Personnel Records or the Industrial Commission or similar agencies under the provisions of the Fair Credit Reporting Act 15, USC section 1681 et seq. I also authorize the National Personnel Records Center, or other custodian of my military service record, to release to C4 Operations LLC, the following information and/or copies of documents from my military service record: DD214, service record, and any disciplinary records.

I understand that these searches can be used to determine eligibility under the **Company** policies. Therefore, I authorize the consent for full release of records (either orally or in writing) to the authorized representatives of the **Company**. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether employment was denied based upon the information obtained and received, upon written request, a disclosure of the background report. I also understand that I may request a copy of the report from **C4 Operations LLC**, by sending a written request to 1201 Edgewood Rd SW, Cedar Rapids IA 52404-2344, calling (888) 519-6283 or submitting an email request though our website [www.C4Operations.com](http://www.C4Operations.com). After reading this document, I fully understand its contents and authorize the background verification.

Are you applying for employment in California, Minnesota or Oklahoma? YES \_\_\_\_\_ NO \_\_\_\_\_  
If so, do you want a copy of any Consumer Report prepared concerning you? YES \_\_\_\_\_ NO \_\_\_\_\_

I understand that California law requires **Company** to give me a copy of any report requested within three (3) days of the date the information was obtained and that failure to do so will expose **Company** to liability (Section 1786.16).

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Applicant (Print Name)	Applicant Signature
Parent/Legal Guardian Name if Applicant is a Minor	Parent/Guardian Signature if Applicant is a Minor



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If so, do you want a copy of any Consumer Report prepared concerning you? YES \_\_\_\_\_ NO \_\_\_\_\_

I understand that California law requires **Company** to give me a copy of any report requested within three (3) days of the date the information was obtained and that failure to do so will expose **Company** to liability (Section 1786.16).

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Applicant (Print Name)	Applicant Signature
Parent/Legal Guardian Name if Applicant is a Minor	Parent/Guardian Signature if Applicant is a Minor