



Lakeside Village MHP Association, Inc.  
11000 S.E. Federal Highway # 7 office, Hobe Sound, FL. 33455  
Telephone (772) 546-3191 Fax (772) 932-7035

## Background Check Authorization Form

**Please Print**

**Name** \_\_\_\_\_  
Last First Middle

**Current Address** \_\_\_\_\_  
# yrs \_\_\_\_\_

**Previous Address** \_\_\_\_\_  
# yrs \_\_\_\_\_

If you have lived at any other address in the past 10 years, please list addresses on the back of this form.

**SS #** \_\_\_\_\_ **DOB** \_\_\_\_\_

**Drivers License #** \_\_\_\_\_ **State** \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge.

I hereby authorize and its designated Lakeside Village MHP agents and representatives to conduct a comprehensive review of my background.

Signature \_\_\_\_\_ Date \_\_\_\_\_