



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 FULL Middle Name (not initial)

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.

DOB _____

SS # _____

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 _____