

**THE SANDALWOOD CLUB ASSOCIATION, INC.**

10800 US HWY 19 North, Pinellas Park, FL 33782  
Phone (727) 623-9051 email: [sandalwoodbod@gmail.com](mailto:sandalwoodbod@gmail.com)

**ADDITIONAL RESIDENT APPROVAL FORM**  
**(REQUIRED FOR ALL ADDITIONAL RESIDENTS 18YRS AND OLDER)**

<p><b>THIS APPLICATION WILL NOT BE PROCESSED UNLESS BOTH PAGES ARE COMPLETELY FILLED IN AND RETURNED TO THE ASSOCIATION'S OFFICE WITH A CHECK, PAYABLE TO THE SANDALWOOD CLUB, IN THE AMOUNT OF \$75.00 FOR EACH INDIVIDUAL LISTED.</b></p>	<p>_____/_____/_____ Interviewer Signature / Date</p>
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**AS THE OWNER OF # \_\_\_\_\_, I HEREBY APPROVE THE ADDITION OF THE NAMED INDIVIDUALS AS RESIDENTS TO OCCUPY MY UNIT AND GIVE THE ASSOCIATION THE AUTHORITY TO ISSUE AN APPROVAL OF RESIDENCE SUBJECT TO THE REQUIRED BACKGROUND CHECK(S).**

OWNER SIGNATURE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

**ADDITIONAL RESIDENTS**

1. Additional Resident (1) Print Name: \_\_\_\_\_

2. Additional Resident (2) Print Name: \_\_\_\_\_

**I understand this approval is subject to criminal background and credit checks by the Association.**

**With the signatures below, the named Additional Residents listed represent that the information provided in this application is true and correct and hereby consent and authorize, by their signature, the release of public records, credit reports, employment verification, rental or lease information, whether by fax, verbal, photo copy or original signature, to the Association's Board of Directors or its agent now or in the future.**

Person (1) Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Person (2) Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

By checking this box,  I indicate that I would like to receive a copy of any Investigative Consumer Report about me by email, if one is obtained by Requestor.

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

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

**PLEASE PRINT (below)**

\_\_\_\_\_  
First Middle Last  
(Proper name as it appears on your Driver's License or State/Gov issued ID)

\_\_\_\_\_  
Date of Birth (MM/DD/YYYY) (For identification purposes only)

\_\_\_\_\_  
Maiden Name/ AKAs Social Security Number  
If you are from Canada please provide Canadian SIN  
(Social Insurance Number)  
Canadian 9 digit SIN \_\_\_\_\_

Do you have any felony convictions or have ever committed a criminal act? **YES NO**

**PLEASE PROVIDE 7 YEAR'S ADDRESS HISTORY**

\_\_\_\_\_  
Current Address City/State Zip Years/Months

\_\_\_\_\_  
Name of Current Landlord Phone/ Fax

\_\_\_\_\_  
Previous Address City/ State Zip Years/Months

\_\_\_\_\_  
Previous Address City/ State Zip Years/Months

**PLEASE PROVIDE CURRENT EMPLOYER INFORMATION**

\_\_\_\_\_  
Current Employer Address City/ State Zip

\_\_\_\_\_  
Start Date

**APPLICANT:** Please return this completed, signed "**RELEASE**" page to:  
**SANDALWOOD CLUB ASSOCIATION, INC**

**(FOR OFFICE USE ONLY)**

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If you need assistance please contact us at 800-570-0546 or by email  
[info@allstarbackgrounds.com](mailto:info@allstarbackgrounds.com)