



MedStar Good Samaritan Hospital

Senior Housing and Supportive Services

Belvedere Green & Woodbourne Woods

CONSUMER REPORT AUTHORIZATION

I hereby affirm that my answers on this application to lease are true and correct, and that I have not knowingly withheld any fact or circumstance which would, if disclosed, affect my application unfavorably. I authorize you to secure from First American, Inc., a consumer reporting agency, an investigative consumer report, a criminal history records investigation, verification of my residences, employment and income. I authorize First American, Inc. to verify any and all information contained in this application, and to inquire into my character, general reputation, personal characteristics and mode of living, and I release all concerned from liability in connection with information they give. I have also been advised that I have the right, under the Federal Fair Credit Reporting Act (FCRA), Section 606(B), to make a written request to you and First American, Inc., within a reasonable time, for a complete and accurate disclosure of the nature and scope of the investigation. I acknowledge receipt of the summary of consumer rights required by Section 609 of FCRA entitled, A Summary of Your Rights Under the Fair Credit Reporting Act.

Leasing Consultant	Prospective Resident	Date
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Leasing Consultant	Prospective Resident	Date
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BELVEDERE GREEN
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EQUAL HOUSING
OPPORTUNITY