



AUTHORIZATION TO RELEASE CREDIT, RESIDENCE, BANKING AND EMPLOYMENT INFORMATION

As a consideration for residency, a nationwide law enforcement background investigation is required to complete the approval process with Jupiter Management, LLC. on behalf of Xanadu by the Sea POA. Please complete this form and provide copies of legal identification for all residents to occupy said residence over the age of 18 (eighteen).

Sarama

I/We understand an investigation may be conducted to determine my character, general reputation, and my personal characteristics. A consumer credit report, driving history report and criminal history report may be pulled. I/We specifically authorize Sarama to conduct this background investigation.

I/We release Sarama, its employees and members from any loss, expense, or damage which may result directly or indirectly from information or reports furnished by Sarama.

City/State/County/Zip Applicant Signature Date You are authorized to release to Sarama/United Screen Services Corporation any information requested regarding my banking, credit employment, and residence. I waive all rights and privileges concerning the release of said information	Page 2			
(Please Print) Date of BirthSSN Street Address City/State/County/ZipDateDate Applicant SignatureDateDate You are authorized to release to Sarama/United Screen Services Corporation any information requested regarding my banking, credit employment, and residence. I waive all rights and privileges concerning the release of said information				
Street Address				
You are authorized to release to Sarama/United Screen Services Corporation any information requested regarding my banking, credit employment, and residence. I waive all rights and privileges concerning the release of said information	Date of Birth	SSN		
Applicant Signature Date You are authorized to release to Sarama/United Screen Services Corporation any information requested regarding my banking, credit employment, and residence. I waive all rights and privileges concerning the release of said information	Street Address			
You are authorized to release to Sarama/United Screen Services Corporation any information requested regarding my banking, credit employment, and residence. I waive all rights and privileges concerning the release of said information	City/State/County/Zip			
You are authorized to release to Sarama/United Screen Services Corporation any information requested regarding my banking, credit employment, and residence. I waive all rights and privileges concerning the release of said information and reports to Sarama.	Applicant Signature		Date	
	Corporation any information re employment, and residence. waive all rights and privileges	equested regard	ling my banking, crea	lit,
SignedDate	Signed	Date		
Please print your last name	Please print your last name		-	

Applicant Name	(Please Print)	
Date of Birth	SSN	
Street Address		
City/State/County/2	Zip	
Applicant Signature	9	Date
Corporation any employment, and r	nd privileges concerning the re	ng my banking, credit,
Signed	Date	
Please print your la	st name	

Applicant Name		
Applicant Name	(Please Print)	
Date of Birth	SSN	
Street Address		
City/State/County/Zi	0	
Applicant Signature		Date
You are authorize	ed to release to Sara	ma/United Screen Services
Corporation any in employment, and re	-	garding my banking, credit,
	d privileges concerning th	ne release of said information
Signed	Date	
Please print your las	t name	

Page 5	
Applicant Name	
(P	Please Print)
Date of Birth	SSN
Street Address	
City/State/County/Zip	
Applicant Signature	Date
	release to Sarama/United Screening Services ation requested regarding my banking, credit, e.
I waive all rights and priv	vileges concerning the release of
said information and repo	orts to Sarama.
Signed	Date
Please print your last nam	ne
	gement, 1340 US Highway One, Jupiter, FL 33469 7 Fax 561-743-4625 Email candace@jupitermgt.com



Please send all required documentation to complete the approval process to:

Jupiter Management, LLC. c/o: Property Manager for Xanadu by the Sea POA 1340 US Highway 1, Suite 102 Jupiter, Florida 33496

Check in the amount of \$150.00 made payable to Jupiter Management, LLC. to obtain background information must be mailed with this authorization for final approval.

Manager: (Office Use Only)

Approved_____Denied_____Date_____

Jupiter Management

1340 U.S. Highway One, Suite 102, Jupiter, FI 33469 (561) 743-4607 Fax (561) 743-4625

C/O Jupiter Management, 1340 US Highway One, Jupiter, FL 33469 Phone 561-743-4607 Fax 561-743-4625 Email candace@jupitermgt.com