

New Owner/Renter/Occupant Background Check Requirement

For privacy reasons, the required background check will be handled by a third party. Only form on the following page will be forwarded to The Lakeridge Board once the investigation is complete. This background check must be completed for each Owner and any Occupants prior to the required Board interview. It is recommended that the background check be requested as early as possible as it may take several days. At no time may an adult make their residence at Lakeridge without a background check and new resident interview unless they were a resident prior to the adoption of this process.

The Lakeridge Board understands that indiscretions of youth do not always relate to the current character of the applicant, but will expect candor from the application during the interview.

Please send this completed form for each applicant, along with a \$50 processing fee for the each applicant to the following investigation firm:

CDI Investigations
Attn: Calvin R. Dennie Jr
P. O. Box 10982
St. Pete, Fl. 33733
(727) 430-2293

Lakeridge Condominiums Association

New Owner/Renter/Occupant Background Check Form

Name: _____

Current Address: _____ Since: _____

Previous Address: _____ Since: _____

Please provide any additional addresses for the last 10 years on the back of this form.

For privacy reasons, the following must be provided on a separate page. The Investigator will be the only one to see this additional data. It will not be provided to The Lakeridge Board. Incomplete information may lead to inaccurate results.

1. Social Security Number
2. Driver's License Number
3. Date Of Birth
4. Race
5. Any additional Aliases
6. Contact phone number at which the investigator may reach you.

The following data to be completed only by the investigator:

| | Never | Last 20 Years | Prior |
|---|--------------------------|--------------------------|--------------------------|
| 1. History of Felony Convictions: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. History of Assault Convictions: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. History of Sexual Assault Convictions: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. History of DUI Charges: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Listed on the Sexual Offender List: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. History of Incarceration: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. History of Evictions: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. History of Bankruptcies: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- I was able to complete an investigation concerning this individual.
- I was unable to complete an investigation concerning this individual.

Investigator Signature

Date Completed