SOCIAL MEDIA BACKGROUND CHECK AUTHORIZATION

_____ has elected to perform social media background checks on all candidates using a third-party provider. This background check will perform a review of your public posts on social media as well as publicly available articles from the web and news sources. This information is provided to us as a consumer report as defined under the Fair Credit Reporting Act (FCRA).

By clicking the button below, I authorize _____ and its designated agents and representatives to conduct a comprehensive review of my social media background through a consumer report and/or an investigative consumer report to be generated for tenant screening purposes. I expressly consent to the collection and display of photographs on my consumer report found on my public posts on social media and/or publicly available articles from the web and news sources. I understand that I am not being asked or required to disclose my username(s) or password(s) for any social media accounts, grant access to any personal social media accounts, divulge any personal social media content, invite anyone or accept an invitation from anyone on social media, access any personal social media in the presence of a landlord, or change any privacy settings related to any of my social media accounts. I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

This Agreement takes effect when I click the "Continue" button or checkbox presented with these terms. I represent to Certn that I am lawfully able to enter into this agreement.

By clicking the "Continue" button or checkbox, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any background reports that may be requested by or on behalf of _____.

[END OF DOCUMENT]