

Client Identity Verification & Intake Form

SECTION 1: PERSONAL INFORMATION

Full Legal Name: _____

Date of Birth: _____

Place of Birth: _____

Current Address: _____

Previous Addresses (Last 5 Years): _____

SECTION 2: GOVERNMENT IDENTIFICATION

Attach copies of:

☐ Driver's License / State ID

☐ Passport

☐ SSN (Full or Last Four): _____

☐ SSA Documentation

SECTION 3: CONTACT VERIFICATION

Phone Number: _____

Email Address: _____

SECTION 4: SUPPORTING DOCUMENTS

☐ Utility Bill

☐ Bank Statement

☐ Pay Stub / W-2

☐ Educational Credentials

SECTION 5: BACKGROUND CHECKS (Internal Use)

- ☐ Criminal Record
- ☐ Civil History
- ☐ Credit Report
- ☐ Public Records

SECTION 6: RISK FLAGS (Internal Use)

- ☐ Alias / Name Mismatch
- ☐ Multiple SSNs
- ☐ Recently Issued SSN
- ☐ Inconsistent Address History

SECTION 7: CONSENT

I authorize 3SA to conduct a background investigation.

Signature: _____ Date: _____
