

Tenant Screening Authorization

Agent Complete This Portion
FAX COMPLETED FORM TO: 800-532-0743

Company Name: _____

Contact Name: _____ Monthly Rent _____

Phone #: _____ Fax #: _____

Please indicate check/s to be done...Criminal/Eviction Check Credit Check

****PLEASE NOTE: If nothing is indicated all checks will be run and charged to Agent.****

Tenant Complete This Portion
PLEASE PRINT CLEARLY TO AVOID DELAYS

- Must Have *-

*Name: First _____ Middle Int. _____

*Last _____ Suffix: (Jr./Sr.) _____

Maiden Name: _____ *DOB (MM/DD/YYYY) _____

*SS #: _____ - _____ - _____ Total Monthly Income: _____

Driver's License #: _____ D.L. State: _____

*Address: _____

*City: _____ *State: _____ *Zip Code: _____

Previous address if less than two years

Address: _____ Zip Code: _____

I give my authorization to verify the above information, obtain a credit report, criminal history report.

*Applicant's signature: _____