

OFFICE USE ONLY
APPLICATION FEE : \$

Apt. Complex Name & Address:

Client Name-
Acc. #

BACKGROUND SEARCH RELEASE AUTHORIZATION

Please Print Clearly (All fields must be completed in order to process application)

APPLICANT/SPOUSE (Must share same last name)

NAME(S): _____ SOCIAL SECURITY NO.: _____ DATE OF BIRTH: _____
_____/_____/_____
_____/_____/_____

CURRENT ADDRESS _____ PHONE # _____
CITY _____ STATE _____ ZIP _____
LANDLORDS NAME _____ PHONE# _____

PRIOR ADDRESS (List all from past 7 years including dates, use back if needed)

REASONS FOR LEAVING _____

THE FOLLOWING PERSONS WILL ALSO OCCUPY THE APARTMENT (NAME, RELATIONSHIP & AGE)

NEAREST RELATIVE: To be contacted in case of emergency: _____ How related? _____
Address: _____ Phone # _____

EMPLOYMENT:

EMPLOYER _____ ADDRESS _____ CITY _____ STATE _____
CONTACT PERSON _____ PHONE # _____
DATE EMPLOYED/ From _____ To _____ Position _____
GROSS MONTHLY SALARY _____ F/T _____ P/T _____

SPOUSE:

EMPLOYER _____ ADDRESS _____ CITY _____ STATE _____
CONTACT PERSON _____ PHONE # _____
DATE EMPLOYED/ From _____ To _____ Position _____
GROSS MONTHLY SALARY _____ F/T _____ P/T _____

ADDITIONAL INCOME \$: _____ SOURCE _____

BANKING HISTORY:

BANK NAME: _____ CHECKING ACCOUNT # _____
ADDRESS: _____ SAVINGS ACCOUNT # _____
MAKE OF AUTO _____ YEAR _____ D.L. # _____
LICENSE PLATE # _____ STATE _____ MAKING PAYMENTS TO _____ AMOUNT \$ _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Have you ever been evicted from an apartment? YES / NO
Have you ever been in breach of a rental or mortgage agreement? YES / NO
Have you ever filed for bankruptcy? YES / NO If yes, when _____
Do you currently have any negative credit accounts or public records? YES / NO

I certify that all information in this form is correct. I understand that the application fee is non-refundable. I voluntarily consent to and authorize TenantSafe/ApplicantSafe, herein referred to as company, and or their assigned agents, or consumer reporting agencies to request and receive any consumer reports, investigative reports, or information concerning me. Reports requested may include any of the following: Law Enforcement Records, Criminal Records, D.M.V. Records, Civil Records, Employment/Rental Verifications, Eviction Searches, Education verification and Consumer Credit Reports.

I authorize any persons, companies, corporations, consumer reporting agencies, courts of law, current or past employer to furnish company and or their assigned agents, associates or consumer reporting agencies with any or all information concerning me. I further agree to release Company and or their assigned agents, associates or consumer reporting agencies and all persons and organizations providing information from any and all claims, liability and responsibility arising out of the release of such information in connection with this research.

I understand that I have specific prescribed rights as a consumer under The Federal Fair Credit Reporting Act (FCRA) and may have additional rights under relevant specific state laws. **This authorization does not include a release of my medical information.**

The above is understood and agreed by:

Signature

Print Name

Date

Signature

Print Name

Date