

ADVANCED SCREENING RESEARCH, INC.

Resident Screening Order Form

<https://asr.instascreen.net>

FAX TO 833-574-3166

Date: _____

Apartment/Company Name _____

Contact(must be an authorized user) _____

Applicant has issued me written instructions to obtain this information(initial) Phone Number Fax Number

Services Requested:

_____ CREDIT/CRIMINAL/EVICTION /SEX OFFENDER

_____ CRIMINAL/EVICTION/SEX OFFENDER

_____ CREDIT REPORT ONLY

_____ CRIMINAL REPORT ONLY - STATE
_____ NATIONWIDE CRIMINAL

_____ EMPLOYMENT VERIFICATION

_____ PREVIOUS LANDLORD VERIFICATION

_____ EVICTION REPORT ONLY

Monthly Income _____ Proposed Rent _____

Applicant _____

First

Middle

Last

SSN _____ DOB _____

Address _____

Street

City

State

Zip (required)

Co-Applicant _____

SSN _____ DOB _____

Address _____

Street

City

State

Zip (required)

833-574-1887 phone

833-574-3166 fax

If you receive this fax in error please destroy or contact us at the above number.