

# SCREENING SOLUTIONS

Background Investigation Specialists

**Client Information:**

Name: \_\_\_\_\_ Core Property Management  
 Phone #: \_\_\_\_\_ 865-689-4112  
 email #: \_\_\_\_\_ kandas@coreknoxville.com

PLEASE PRINT CLEARLY WITH BLUE OR BLACK INK ONLY!

*Failure to complete application in full will result in a processing delay!*

*Please be certain that ALL applicants sign the authorization form on next page. Applications will NOT be processed without authorization form.*

<b>Personal Information</b>	<b>CO-APPLICANT'S MUST COMPLETE A SEPARATE APPLICATION!</b>				
	Applicant's Name: _____	Social Security #: _____	D/O/B: _____		
	Applicant Drivers License #: _____	State: _____			
	Spouse's Name: _____	Social Security #: _____	D/O/B: _____		
	Spouse's Driver's License #: _____	State: _____			
	Home Phone #: _____	Cell Phone #: _____			
	Names, ages, and relationships of anyone else who will occupy the residence: _____				
<b>Residential Information</b>	Current Address: _____				
	Number	Street	City	State	Zip Code
	Landlord's Name: _____	Landlord's Phone: _____			
	Dates of Residence: _____		Amount of rent paid: _____		
	Previous Address: _____				
	Number	Street	City	State	Zip Code
	Landlord's Name: _____	Landlord's Phone: _____			
	Dates of Residence: _____		Amount of rent paid: _____		
	Previous Address: _____				
	Number	Street	City	State	Zip Code
Landlord's Name: _____	Landlord's Phone: _____				
Dates of Residence: _____		Amount of rent paid: _____			
<b>Employment Information</b>	Applicant's Employer: _____ Supervisor: _____				
	Employer Address/Location: _____			Phone: _____	
	Position: _____	Date of Hire: _____	Salary: _____		
	Spouse's Employer: _____ Supervisor: _____				
	Employer Address/Location: _____			Phone: _____	
	Position: _____	Date of Hire: _____	Salary: _____		
<b>Miscellaneous</b>	Pet: (Y) (N) Type(s): _____		Weight(s): _____	Age(s): _____	
	Auto Make(s): _____		Model(s): _____	Tag(s): _____	
	Emergency Contact: (1) _____				
		Name	Phone#	Complete Address	Relationship
	Emergency Contact: (2) _____				
	Name	Phone#	Complete Address	Relationship	

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## Authority for Release of Information

In connection with my application for rental property and in accordance with state and federal laws, I authorize Screening Solutions to obtain and/or investigate any and all information, including that of a confidential or privileged nature. This includes, but is not limited to, current and previous rental information, current and previous employment information with salary, personal reference information, a consumer credit report, criminal records, banking information, and any other information requested. These requests may include information concerning my character along with ability to pay rent. I understand that a third party consumer reporting agency is being used to investigate this information, and therefore consent to the release of information to this agency.

Intending to be legally bound hereby, I release you, your organization and others contacted from any liability or damage which may result from furnishing the information requested. Photocopies of this authorization carry the same authority as the original.

I understand I have the right to make a request of the Consumer Reporting Agency upon proper identification to provide the information in its files on me at the time of my request. I further authorize the ongoing procurement of the above mentioned reports at any time during my tenancy.

Full printed name of applicant: \_\_\_\_\_

Full printed name of co-applicant: \_\_\_\_\_

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of co-applicant

\_\_\_\_\_  
Date