

Applicants:

| | | | | | | | |
|--------------------------|--------------------------|------------------------------|---|---|---|--------------------------|--------------------------|
| First Name: | <input type="text"/> | Application Date: | <input type="text"/> | | | | |
| Middle Initial: | <input type="text"/> | Inquiry Source | <input type="text"/> | | | | |
| Last Name: | <input type="text"/> | Online Advertisement | <input type="checkbox"/> | | | | |
| | | Walk in | <input type="checkbox"/> | | | | |
| Birth Date: | <input type="text"/> | Referral / Name | <input type="checkbox"/> | | | | |
| | | Other | <input type="checkbox"/> | | | | |
| SSN: | <input type="text"/> | Pets | <table><tr><td>Y</td><td>N</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table> | Y | N | <input type="checkbox"/> | <input type="checkbox"/> |
| Y | N | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| Driver's License #: | <input type="text"/> | Driver's License Expiration: | <input type="text"/> | | | | |

Address:

Current

| | | |
|----------------------|----------------------|------------------------|
| <input type="text"/> | | |
| Street | | |
| <input type="text"/> | | |
| City | State | Zip Code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Phone | Email | |
| <input type="text"/> | <input type="text"/> | |
| How Long | Landlord Contact | Landlord Contact Phone |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Previous

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | | |
| Street | | |
| <input type="text"/> | | |
| City | State | Zip Code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| How Long | Contact | Contact Phone |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Property Applying for:

| | |
|----------------------|----------------------|
| Street | Zip |
| <input type="text"/> | <input type="text"/> |

Income

Employer: _____

Job Title: _____

Income: _____

How Long: _____

Contact: _____

Contact Phone: _____

Emergency Contact

| | | | |
|---------------|-------|-------------------|-------|
| Name: | _____ | Address: | _____ |
| Relationship: | _____ | | _____ |
| Phone: | _____ | City: | _____ |
| | | State / Zip Code: | _____ |

Vehicle

Make: _____

Model: _____

Year: _____

Color: _____

License Plate #: _____

Financial Information

| | | | |
|---------------------|-------|------------------|---|
| Banking Institution | _____ | Account Number | _____ |
| Balance | _____ | Type of Account: | <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Brokerage |
| Banking Institution | _____ | Account Number | _____ |
| Balance | _____ | Type of Account: | <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Brokerage |

Background Check Authorization

I hereby authorize TenaCheck, its affiliates and/or agents to procure a Consumer Report, as defined in the federal Fair Credit Reporting Act, about me for purposes of evaluating my application for service or for tenant purposes.

By providing the information below, and by my voluntary signature, I hereby acknowledge that I have reviewed, understand, and agree with, the above Background Check Consent and this Authorization.

Last Name

First Name

Middle Name Suffix

Social Security No. _____ - _____ - _____

Address, City, State Zip

X _____
Applicant Signature Date (MM-DD-YYYY)

For purposes of evaluating your application for volunteer service or for tenant purposes, TenaCheck, its affiliates and/or agents may obtain a Consumer Report, as defined in the federal Fair Credit Reporting Act, from a consumer reporting agency. To include, but not limited to: Consumer Credit Report and State Driving Record aka MVR report Depending upon the position for which you are applying, the consumer reporting agency may investigate, and the Reports may include information about your driving record, including any such information maintained in all public records. You further agree to immediately report any license suspensions, serious accidents or offenses, or any other condition to my pastor, principal, or supervisor that may affect my ability to drive a vehicle.