

TENANT DATA VERIFICATION

Building _____ Rent/Purchase _____
Address of Building _____
Lease begins _____ Lease Expires _____ Apartment # _____
Name of Applicant _____ Tel.# _____
Present Address _____ State _____
(Include zip code)

How long at above address _____ Social Security # _____
Date of Birth _____
Present Landlord _____ Address _____
Telephone # _____ Lease Expires _____

If less than one year please list previous address _____

Previous Landlord _____ Tel.# _____
Address _____ Date Vacated _____

Applicant employed by _____ Position _____
Address _____ Telephone _____
How Long _____ Salary _____ Contact Person _____

If present employer is less than one year
Previous employer _____ Position _____
Address _____ Telephone _____
How Long _____ Date Left _____ Salary _____ Contact Person _____

Other sources of income _____
Contact person _____ Tel. # _____

Bank Reference:
Name of Bank _____ Type of Acct. _____ Acct # _____
_____ Type of Acct. _____ Acct # _____
_____ Type of Acct. _____ Acct # _____

Accountant _____ Address _____
Tel. # _____

Do you have Credit Cards _____

Name of Persons not on the Lease to occupy the Apartment

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

In Case of Emergency Notify _____ Telephone# _____
Address _____

In connection with my application for this apartment, I authorize all banks, corporations, companies, Credit agencies, accountants, persons and employers, to release any information that they have about me to Tenant Data Verification Co. Inc., or its agency and I release them from any and all liability or responsibility from doing so. Further I authorize the procurement of an investigative consumer report and understand that such a report may contain information about my background, character and personal reputation. I understand this notice will also apply to future update reports that may be requested. I understand that any misrepresentation by me may be the cause of rejection by the landlord.

Applicant's Signature _____ Date _____

Agent _____

RELEASE OF INFORMATION AUTHORIZATION

AUTHORIZATION TO OBTAIN A CRIMINAL REPORT

I HEREBY AUTHORIZE ANY INDIVIDUAL, COMPANY, OR
INSTITUTION TO RELEASE TO _____
AND/OR ITS REPRESENTATIVE ANY AND ALL INFORMATION
THAT THEY HAVE CONCERNING ANY CRIMINAL ACTIVITY AND
SEX OFFENDER HISTORY...

I HEREBY RELEASE THE INDIVIDUAL, COMPANY, OR
INSTITUTION AND ALL INDIVIDUALS CONNECTED THEREWITH
FROM ALL LIABILITY FOR ANY DAMAGE WHATSOEVER
INCURRED IN FURNISHING SUCH INFORMATION...

Print Name: _____ Date Of Birth _____

Signature: _____

Address: _____

City : _____

State : _____ Zip Code _____

Social Security #: _____

TENANT DATA VERIFICATION CO., INC.

AUTHORIZATION TO OBTAIN A CREDIT REPORT

IN ORDER TO COMPLY WITH THE PROVISIONS OF SECTION 6.06
(A) OF THE FEDERAL FAIR CREDIT REPORTING ACT, I
AUTHORIZE YOU TO RETAIN A CREDIT REPORTING AGENCY,
WHICH AGENCY MAY OBTAIN INFORMATION REGARDING
EMPLOYMENT, INCOME, CREDIT HISTORY, LANDLORD /TENANT
COURT RECORD, ACCOUNTANTS, BANKING INFORMATION,
FINANCIAL BROKER, AND LANDLORD.

Print Name: _____

Signature: _____

Date: _____