



APPLICATION FOR CRIMINAL REPORT \_\_\_\_  
APPLICATION FOR CREDIT REPORT \_\_\_\_

**Applicant 1-**

Printed Name:

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Maiden \_\_\_\_\_

SSN \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Applicant 1-**

Printed Name:

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Maiden \_\_\_\_\_

SSN \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Requesting Association/Organization: \_\_\_\_\_

Fax Report to: \_\_\_\_\_

Email Report To: \_\_\_\_\_

I we certify that having read the above application and agree all information therein is true and correct.  
I/we authorize your agents to obtain and criminal and /or credit check for tenancy or ownership.

\_\_\_\_\_  
Applicant 1- Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Applicant 2- Signature

\_\_\_\_\_  
Date Signed

**FOR OFFICE USE ONLY**

Type of report requested (check one): Single \_\_\_\_ Joint \_\_\_\_

Submitted by (please print): \_\_\_\_\_

Dina M. Schleifer-Dan C. Collardey-Donald M. Schleifer, II  
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