



APPLICATION FOR CRIMINAL REPORT _____
APPLICATION FOR CREDIT REPORT _____

Applicant 1- Printed Name: _____
Applicant 1- SSN _____ Applicant 1- DOB: _____
Applicant 1- Phone Number & Email: _____
Applicant 1- Current Address: _____
City _____ State _____ Zip _____

Applicant 2- Printed Name: _____
Applicant 2- SSN _____ Applicant 1- DOB: _____
Applicant 2- Phone Number & Email: _____
Applicant 2- Current Address: _____
City _____ State _____ Zip _____

REQUESTING ASSOCIATION: _____
FAX REPORT TO: _____
E-MAIL 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 a criminal and/or 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): _____

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