

CREDENTIALS VERIFICATION LANDLORD IS:

Credentials's Landlord: CAUDILL PROPERTIES

Page 2 of 3 - Put your MIDDLE initial or full name

**CREDENTIALS VERIFICATION SVC, INC.**

Out of State Criminal check: No ☐ Yes ☐

(Add \$20.00/criminal out-of-state/person)

Ph# to call report to: 516-9672 FAX#: 824-1008

PROPERTY ADDRESS applicant is applying for : \_\_\_\_\_

**NO CELL PHONE SCREEN SHOTS OR TEXTS ACCEPTED!**

**BLACK INK**

**RUSH FEE - \$20.00 EXTRA**

Applicant's <u>FULL</u> Name _____		Social Sec. No. : _____ - _____ - _____	
Phone No. (____) _____	DRIVER'S LIC.# _____	State _____	Birth Date: _____
Address _____	Unit # _____	City _____	State _____ Zip _____
Apt/ Landlord's Name: _____		Landlord / APT. Phone: (____) _____	
City _____	State _____	Zip _____	Rent / mo. \$ _____
How long at this address _____		Have you given landlord Notice? Yes ____ / No ____	
Were you on the lease? Yes ____ No ____		Is landlord related to you or spouse? Yes ____ / No ____	
2. Previous Address: _____		City _____	State _____ Zip _____
Apt. Name _____	Unit# _____	How Long ago? _____	Rent / mo. \$ _____
Landlord's Name: _____		Landlord's Phone (____) _____	Related? _____
Landlord's Address: _____		City _____	St _____ Zip _____
Names of Others staying in apt. with you: _____			

Employer \_\_\_\_\_ H.R. Phone # (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position \_\_\_\_\_ Salary \$ \_\_\_\_\_ Per Hr. \_\_\_\_\_ Wk. \_\_\_\_\_ Mo \_\_\_\_\_ Yr. \_\_\_\_\_ Hire Date: \_\_\_\_\_ Full x \_\_\_\_\_ Part x \_\_\_\_\_

For EMPLOYMENT VERIFICATION, I GIVE MY PERMISSION FOR CREDENTIALS TO CONTACT MY EMPLOYER OR SUPERVISOR.

Yes \_\_\_\_ No \_\_\_\_ \*\*\* INITIAL \_\_\_\_\_ Supervisor's Name & # : \_\_\_\_\_

Previous Work \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position \_\_\_\_\_ Salary \$ \_\_\_\_\_ Per \_\_\_\_\_ Date Started \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Name of Bank _____	Address _____	City _____	State _____
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**CREDIT REFERENCES (LOCAL PREFERRED):**

1. \_\_\_\_\_ Acct. No. \_\_\_\_\_ Phone No. \_\_\_\_\_

Acct. No. \_\_\_\_\_ Phone No. \_\_\_\_\_

**CHARACTER REFERENCES:**

1. \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_

2. \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_

PETS TYPE: \_\_\_\_\_ How Many \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_

Car Make & Model \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

\*\* UNLOCK YOUR CREDIT 1<sup>st</sup> - There is a \$20 rerun fee 2 of 3

**\$20 Charge To Re-Run Credit for Locked or Wrong Information** Page 3 of 3

Has Applicant ever: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL \_\_\_\_\_

Filed for Bankruptcy: Yes\_ No \_ Explain: \_\_\_\_\_

Been Evicted? Yes \_ No \_\_\_ Explain: \_\_\_\_\_

Been Arrested? Yes\_ No \_\_\_ Explain: \_\_\_\_\_

I understand that a non-refundable processing charge is payable in the amount of \$ \_\_\_\_\_ per person with this application.

Applicant understands that the processing charge will not be refunded under any circumstances or applied to any monies due lessor. Applicant is advised that the processing charge is not retained by the landlord but is paid to a screening service, C.V.S. Inc. Lessor agrees to either approve or disapprove the application within \_\_\_\_\_ days. If approved, earnest money, in the amount of \$ \_\_\_\_\_, is payable to lessor immediately after notification of acceptance.

If applicant fails to fulfill these conditions, this application will be deemed to have been withdrawn and neither party will be under any further obligation, however, if applicant merely changes his/her mind about the property after earnest money has been paid, the earnest money may be retained by the lessor as liquidated damages.

Telephone, water, electricity and / or gas will be furnished by the resident.

Applicant understands that giving false information or tendering of a Bad Check may, at lessor's option, breach and void this lease. Notice in writing may be mailed to resident at leased premises or delivered to resident in person.

Lessor's failure to deliver possession of the premises at the time agreed upon shall not subject lessor to damages in any amount.

I understand that this application is a part of my lease agreement. As part of the normal procedure for processing this application, an Investigative consumer report may be obtained whereby information is secured. Applicant agrees to release and indemnify Credentials Verification Service, Inc., (further known as C.V.S.,Inc.), as well as C.V.S.,Inc. owner's, employees, and C.V.S.,Inc. clients (landlords) from all liability arising from (1) C.V.S.,Inc., access to or disclosure of information under this application, (2) C.V.S.,Inc., use or reliance on consumer credit or criminal information, (3) any other violations of the FCRA or other applicable laws due to acts of omissions by C.V.S.,Inc. clients or of C.V.S.,Inc. Further, applicant agrees to release and indemnify C.V.S.,Inc. information suppliers, their affiliate others as well as their officers and employees from all liability arising from C.V.S.,Inc. client's unauthorized access, improper use or reliance on consumer credit provided by C.V.S.,Inc. pursuant to this agreement. For questions call the Credit Bureau at 1-800-685-1111 or go to [ANNUALCREDITREPORT.COM](http://ANNUALCREDITREPORT.COM) for a copy of your report. Since we are not 3rd party re-sellers, we do not provide it.

I understand and agree to all the conditions listed herein. I give Credentials Verification Service, Inc., my permission to obtain my credit report, employment history, including salary, rental history and criminal background. \*\*\*\* Applications MUST be signed\*\*\*\*

PRINTED SIGNATURE OF APPLICANT \_\_\_\_\_ APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone No. \_\_\_\_\_ Relation \_\_\_\_\_

Parent's Names: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Parent's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**APPLICANT # 2 OR SPOUSE**

**Applications MUST be signed**

I give my permission to obtain the information to process this application. You may release my employment history, including salary, my rental history, credit history and criminal background to C.V.S., Inc. I agree to all the conditions listed in the above.

#2 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Full NAME: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Apt. Name: \_\_\_\_\_ Apt # \_\_\_\_\_ Rent Amt. \$ \_\_\_\_\_ How Long? \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Apt./or Landlord's Phone No ( \_\_\_\_\_ ) \_\_\_\_\_

Previous Address: \_\_\_\_\_ Apt \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Landlord or Apt Name: \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Parent's Address: \_\_\_\_\_ Parent's names: \_\_\_\_\_

Employer \_\_\_\_\_ Supervisor \_\_\_\_\_ Co. Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position \_\_\_\_\_ Salary \$ \_\_\_\_\_ Per Hr \_\_\_\_\_ Wk \_\_\_\_\_ Mo \_\_\_\_\_ Yr \_\_\_\_\_ Hire Date \_\_\_\_\_ Full X \_\_\_\_\_ Part X \_\_\_\_\_

Have you ever filed for Bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_ Been arrested or convicted? Yes \_\_\_\_\_ No \_\_\_\_\_ Been evicted? Yes \_\_\_\_\_ No \_\_\_\_\_