

Tenant Application Form

7777

Landlord/Owner Name _____ Date _____

Rental Property Address _____

(*Use Black Ink and Print Clearly*)

(*Rental Amount: \$ _____ *)

Standard Services

National Credit Single National Credit Married Tenant Pay Form Attached

Additional Services (per applicant)

State of FL Criminal State of _____ Criminal National Criminal

I/We hereby allow TENANT CHECK and TENANT SCREENING NOW and/or the property owner/manager to inquire into my/our credit file, criminal, rental and employment history. I/We understand that on my/our credit file it will appear that TENANT CHECK and TENANT SCREENING NOW has made an inquiry. I/We cannot claim any invasion of privacy against them now or in the future. **If an incorrect SS# is submitted applicant will be subject to a second application fee.**

Applicant	Co-Aplicant
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married to Co-Aplicant	<input type="checkbox"/> Spouse <input type="checkbox"/> Roommate or <input type="checkbox"/> Co-Signer
SS# _____	SS# _____
Full Name _____	Full Name _____
Date of Birth _____	Date of Birth _____
Current Address _____ _____ Ph # _____	Current Address _____ _____ Ph # _____
Landlord Name _____	Landlord Name _____
Landlord # _____ Rent \$ _____	Landlord # _____ Rent \$ _____
Employer _____	Employer _____
Occupation _____	Occupation _____
Supervisor _____	Supervisor _____
How long _____ Work # _____	How long _____ Work # _____
Gross Monthly Income \$ _____ (before tax)	Gross Monthly Income \$ _____ (before tax)
Monthly Debt (loans/car payment) _____	Monthly Debt (loans/car payment) _____
Collections on your credit report? <input type="checkbox"/> Yes <input type="checkbox"/> No	Collections on your credit report? <input type="checkbox"/> Yes <input type="checkbox"/> No
Late payments on your credit report? <input type="checkbox"/> Yes <input type="checkbox"/> No	Late payments on your credit report? <input type="checkbox"/> Yes <input type="checkbox"/> No
Evictions? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Year _____)	Evictions? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Year _____)
Ever been arrested Yes No	Ever been arrested Yes No
DL # _____ (State _____)	DL # _____ (State _____)
Signature _____	Signature _____