

Date: _____

CUSTOMER NUMBER: 1715

TENANT CREDIT INFORMATION FORM

I/We _____, prospective tenant(s) / buyer(s) for the property located at _____, Managed By: _____ Owned By _____

Hereby allow TENANT CHECK and or the property owner/manager to inquire into my/our credit file, criminal, and rental history to obtain information. I/We understand that on my/our credit file it will appear that TENANT CHECK has made an inquiry. I/We cannot claim any invasion of privacy against them now or in the future.

PLEASE PRINT CLEARLY

<u>TENNANT INFORMATION</u>		<u>SPOUSE / ROOMEMATE</u>	
SINGLE _____ MARRIED _____		SINGLE _____ MARRIED _____	
SOCIAL SECURITY #:		SOCIAL SECURITY #:	
FULL NAME:		FULL NAME:	
DATE OF BIRTH:		DATE OF BIRTH:	
CURRENT ADDRESS:		CURRENT ADDRESS:	
	HOW LONG:		HOW LONG:
LANDLORD & PHONE:		LANDLORD & PHONE:	
PREVIOUS ADDRESS:		PREVIOUS ADDRESS:	
	HOW LONG:		HOW LONG:
EMPLOYER:		EMPLOYER:	
OCCUPATION:		OCCUPATION:	
GROSS MONTHLY INCOME:		GROSS MONTHLY INCOME:	
LENGTH OF EMPLOYEMENT:		LENGTH OF EMPLOYEMENT:	
WORK PHONE NUMBER:		WORK PHONE NUMBER:	
EVER BEEN ARRESTED: YES NO		EVER BEEN ARRESTED: YES NO	
EVER BEEN EVICTED: YES NO		EVER BEEN EVICTED: YES NO	
DRIVER'S LICENSE # STATE		DRIVER'S LICENSE # STATE	
<u>SIGNATURE:</u>		<u>SIGNATURE:</u>	
PHONE NUMBER: () -		PHONE NUMBER: () -	

<p align="center">TENNANT CHECK HOURS OF OPERATION: MONDAY – FRIDAY: 9:00 am. – 5:30 pm. SATURDAY: 11:00 am. – 4:00 pm. ALL ORDERS AFTER 5:00 PM. (3:00 PM ON SAT) WILL BE PROCESSED THE NEXT BUSINESS DAY.</p> <p align="center">TENNANT CHECK FAX # (727) 942-6843</p>	<p align="center">IF THE WRONG SOCIAL SECURITY NUMBER IS SUBMITTED, A SECOND APPLICATION FEE WILL BE CHARGED TO RE-PULL THE REPORT</p> <hr/> <p align="center"><small>A CREDIT REPORTING SERVICE PROVIDING CREDIT REPORTS FOR REALTORS / PROPERTY MANAGERS / APARTMENT COMPLEXES / MOBILE HOME PARKS / CONDOMINIUM ASSOCIATIONS / EMPLOYERS</small></p>
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FEDERAL LAW REQUIRES THE END USER TO RETAIN THIS FORM FOR 5 YEARS (TENNENT CHECK APPLICATION REV. 08-2008)