

Client Information

Name: _____
 Phone #: _____
 Fax #: _____
 Date Submitted: _____

Tenant Check

Background Investigation Specialists

PLEASE PRINT CLEARLY WITH BLUE OR BLACK INK ONLY!

Personal	Applicant's Name: _____ Social Security #: _____ D/O/B: _____	
	Applicant Drivers License #: _____ State: _____	
	Co-Applicant's Name: _____ Social Security #: _____ D/O/B: _____	
	Co-Applicant's Drivers License #: _____ State: _____	
	Home Phone #: _____ Cell Phone #: _____ Names, ages, and relationships of anyone else who will occupy the residence: _____	
Residential	Current Address: _____ Number Street City State Zip Landlord's Name: _____ Landlord's Phone: _____	
	Dates of Residence: _____ Amount of rent paid: _____	
	Previous Address: _____ Number Street City State Zip Landlord's Name: _____ Landlord's Phone: _____	
	Dates of Residence: _____ Amount of rent paid: _____	
	Previous Address: _____ Number Street City State Zip Landlord's Name: _____ Landlord's Phone: _____	
	Dates of Residence: _____ Amount of rent paid: _____	
	Employment	Applicant's Employer: _____ Supervisor: _____
		Employer Address/Location: _____ Phone: _____
		Position: _____ Date of Hire: _____ Salary: _____
		Co-Applicant's Employer: _____ Supervisor: _____
		Employer Address/Location: _____ Phone: _____
		Position: _____ Date of Hire: _____ Salary: _____
Miscellaneous	Pet: (Y) (N) Type(s): _____ Weight(s): _____ Age(s): _____	
	Auto Make(s): _____ Model(s): _____ Tag(s): _____	
	Emergency Contact: (1) _____ Name Phone# Complete Address Relationship	
	Emergency Contact: (2) _____	

Failure to complete application in full will result in a processing delay!

I authorize Tenant Check to make any necessary investigation as to the contents that are contained in this application. I understand this investigation may include, but is not limited to, a consumer credit report, verification of employment with salary, current and past rental history, criminal history, banking information and I therefore consent to this investigation, and certify that all stated facts are true. It is understood that any misrepresentation or omission is cause for the management and/or owner to reject this application and/or terminate the lease agreement. I have the right to make a written request within thirty (30) days of the time this application is made for a complete and accurate disclosure of additional information concerning the nature and scope of the report. I understand Tenant Check, Inc. will compile the report and may that I may obtain this information by writing directly to Tenant Check, Inc. I understand that the owner can charge me for all collection including attorney fees, court fees, interest, Tenant Check, Inc, and collection company fees.

Applicant Signature: _____ Date: _____
 Co-Applicant's Signature: _____ Date: _____
 Witness: _____ Date: _____