

Client Information

Once requested, reports cannot be cancelled.

Name: _____ Phone Number: _____

Account Number: _____ Fax Number: _____

Password: _____ E-mail Address: _____

Rental Address: _____

Reports Information - please check all that apply

 The Combo Package¹

BEST VALUE!

Includes all four reports, giving you
the most comprehensive information! CreditLink® Profile CrimeFactor® Report Eviction History County Criminal History¹Please fill out the County Info line
in the Applicant Information section.Please report my results back to me by: Phone Fax

Applicant Information - please use one page per applicant

Last Name: _____ First: _____ Middle: _____

SSN: _____ - _____ - _____ DOB: ____ / ____ / ____ County Info²: _____
COUNTY STATECurrent Address: _____
STREET CITY STATE ZIPPrevious Address: _____
STREET CITY STATE ZIPEmployment: _____
EMPLOYER NAME CITYThis is a fax transmittal form only. You must have your tenant's **signed permission** to run a credit report.¹Results for County Criminal Histories are researched in the courts and may take 3-5 business days to complete.²County Info is needed for the County Criminal History and the Combo Package. Searches for additional counties will be charged separately.



Application to Rent

(A separate application is required for each person over the age of 18.)

Name: _____ Phone: _____
FIRST MIDDLE LAST SUFFIX DAYTIME EVENING

SSN: _____ DOB: _____ DL#: _____ STATE

ALL PROPOSED OCCUPANTS:

FULL NAME	DOB
FULL NAME	DOB
FULL NAME	DOB

RESIDENCE

CURRENT: _____
STREET ADDRESS APT # CITY STATE ZIP

From: _____ To: _____ Amount paid monthly: \$ _____
MONTH/YEAR MONTH/YEAR REASON FOR LEAVING

Landlord/Mortgage Co.: Full Name: _____ Phone: _____

Address: _____
STREET CITY STATE ZIP LOAN # (IF APPLICABLE)

PREVIOUS: _____
STREET ADDRESS APT # CITY STATE ZIP

From: _____ To: _____ Amount paid monthly: \$ _____
MONTH/YEAR MONTH/YEAR REASON FOR LEAVING

Landlord/Mortgage Co.: Full Name: _____ Phone: _____

Address: _____
STREET CITY STATE ZIP LOAN # (IF APPLICABLE)

EMPLOYMENT

CURRENT: _____ Phone: _____
EMPLOYER NAME

Address: _____
STREET CITY STATE ZIP SUPERVISOR

From: _____ To: _____ Gross Monthly Salary: \$ _____ Position: _____
MONTH/YEAR MONTH/YEAR

PREVIOUS: _____ Phone: _____
EMPLOYER NAME

Address: _____
STREET CITY STATE ZIP SUPERVISOR

From: _____ To: _____ Gross Monthly Salary: \$ _____ Position: _____
MONTH/YEAR MONTH/YEAR

