

SCREENING SOLUTIONS

Background Investigation Specialists

Client Information:

Name: _____
 Phone #: _____
 email #: _____

PLEASE PRINT CLEARLY WITH BLUE OR BLACK INK ONLY!

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

Please be certain that ALL applicants sign the authorization form on next page. Applications will NOT be processed without authorization form.

CO-APPLICANT'S MUST COMPLETE A SEPARATE APPLICATION!	
Personal Information	Applicant's Name: _____ Social Security #: _____ D/O/B: _____
	Applicant Drivers License #: _____ State: _____
	Spouse's Name: _____ Social Security #: _____ D/O/B: _____
	Spouse's Driver's License #: _____ State: _____
	Home Phone #: _____ Cell Phone #: _____ Names, ages, and relationships of anyone else who will occupy the residence: _____
Residential Information	Current Address: _____ Number Street City State Zip Code
	Landlord's Name: _____ Landlord's Phone: _____
	Dates of Residence: _____ Amount of rent paid: _____
	Previous Address: _____ Number Street City State Zip Code
	Landlord's Name: _____ Landlord's Phone: _____
	Dates of Residence: _____ Amount of rent paid: _____
	Previous Address: _____ Number Street City State Zip Code
	Landlord's Name: _____ Landlord's Phone: _____
	Dates of Residence: _____ Amount of rent paid: _____
Employment Information	Applicant's Employer: _____ Supervisor: _____
	Employer Address/Location: _____ Phone: _____
	Position: _____ Date of Hire: _____ Salary: _____
	Spouse'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) _____ Name Phone# Complete Address Relationship
	Emergency Contact: (3) _____ Name Phone# Complete Address Relationship

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Authority for Release of Information

In connection with my application for rental property and in accordance with state and federal laws, I authorize Screening Solutions to obtain and/or investigate any and all information, including that of a confidential or privileged nature. This includes, but is not limited to, current and previous rental information, current and previous employment information with salary, personal reference information, a consumer credit report, criminal records, banking information, and any other information requested. These requests may include information concerning my character along with ability to pay rent. I understand that a third party consumer reporting agency is being used to investigate this information, and therefore consent to the release of information to this agency.

Intending to be legally bound hereby, I release you, your organization and others contacted from any liability or damage which may result from furnishing the information requested. Photocopies of this authorization carry the same authority as the original.

I understand I have the right to make a request of the Consumer Reporting Agency upon proper identification to provide the information in its files on me at the time of my request. I further authorize the ongoing procurement of the above mentioned reports at any time during my tenancy.

Full printed name of applicant: _____

Full printed name of co-applicant: _____

Signature of applicant

Date

Signature of co-applicant

Date