

National Tenant Network Request for Tenant Performance

Subscriber: Buyers Information Service / Kim Bongiorno

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Date: ____ / ____ / ____ Time: ____ : ____ AM PM

Screening Package (NTN Decision Point & Criminal Report) ()

Rent ____ Income ____ Employ ____ (mos.) Residency ____ (mos.)

Please print legibly:

Please verify information:

Applicant #1: _____ SSN #: _____ - _____ - _____

Drivers License # / State: _____ / _____ DOB#: _____ / _____ / _____

Applicant #2: _____ SSN #: _____ - _____ - _____

Drivers License # / State: _____ / _____ DOB#: _____ / _____ / _____

Applicant #3: _____ SSN #: _____ - _____ - _____

Drivers License # / State: _____ / _____ DOB#: _____ / _____ / _____

Present Address: _____

City: _____ State: _____ Zip: _____

Previous Address: _____

City: _____ State: _____ Zip: _____

Authorization for Release of Information

I (we) hereby certify that the information given to evaluate my application for tenancy is correct and complete. I authorize you to make any and all inquiries you feel necessary to evaluate my application for housing.

I (we) further understand that any false or incomplete information is grounds for immediate rejection of this application. I (we) specifically authorize and request all present or previous employers, mortgage holders, landlords, rental agents, credit grantors, banks, accountants, stock brokers and local, state and Federal Government Agencies to release any requested information in the evaluation of my application for rental housing.

Applicant #1 Date ____ / ____ / ____

Applicant #2 Date ____ / ____ / ____

Applicant #3 Date ____ / ____ / ____