



APPLICATION FOR CRIMINAL REPORT _____
APPLICATION FOR CREDIT REPORT _____

Applicant 1- Printed Name: _____

Applicant 1- SSN _____ Applicant 1- DOB: _____

Applicant 1- Phone Number & Email: _____

Applicant 1- Current Address: _____

City _____ State _____ Zip _____

Applicant 2- Printed Name: _____

Applicant 2- SSN _____ Applicant 1- DOB: _____

Applicant 2- Phone Number & Email: _____

Applicant 2- Current Address: _____

City _____ State _____ Zip _____

REQUESTING ASSOCIATION: _____

FAX REPORT TO: _____

E-MAIL REPORT TO: _____

I/We certify that having read the above application and agree all information therein is true and correct.

I/We authorize your agents to obtain a criminal and/or for tenancy or ownership.

Applicant 1- Signature

Date Signed

Applicant 2- Signature

Date Signed

FOR OFFICE USE ONLY

Type of report requested (check one): Single ___ Joint ___

Submitted by (please print): _____