



NATIONAL TENANT NETWORK

**THE NATION'S PREMIER SCREENING COMPANY
TELEPHONE 1.800.330.2930 or FAX 1.800.368.1241**

SUBSCRIBER(PRINT NAME).....

ACCESS NUMBER 485 **PHONE NUMBER.....**

FAX THIS REPORT BACK TO

REQUESTING AGENT(PRINT NAME)

CHECK THE DESIRED REPORTS BELOW:

- Scored Credit Report** **Decision Point**
- Credit & Eviction (SSP)** **Eviction**
- Criminal Record Search** **Credit & Eviction & Criminal (PSP)**

APPLICANT (PRINT NAME)

SOCIAL SECURITY # **DATE OF BIRTH**

CURRENT ADDRESS

CITY **STATE** **ZIP CODE**

PLEASE CAREFULLY FILL IN ALL OF THE ABOVE INFORMATION. BE SURE TO PRINT LEGIBLY OR YOUR REQUEST WILL NOT BE PROCESSED.

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND COMPLETE AND HEREBY AUTHORIZE YOU TO MAKE ANY INQUIRIES YOU FEEL NECESSARY TO EVALUATE MY TENANCY. IF I RENT THE UNIT, I UNDERSTAND THAT THE INFORMATION GATHERED ON, AND FROM THIS FORM AND THE RENTAL AGREEMENT MAY BE MAINTAINED BY MANAGEMENT AND NATIONAL TENANT NETWORK FOR UP TO FIVE (5) YEARS AFTER I VACATE THE PREMISES.

TENANT'S SIGNATURE.....DATE.....

***PLEASE USE THIS FORM FOR ALL FUTURE REQUESTS.
*NO ADDITIONAL INFORMATION IS NECESSARY.**