TERMS: APPLICANT CERTIFIES THAT ALL INFORMATION GIVEN TO EVALUATE NTN MEMBER NAME: ACCESS NUMBER: THIS APPLICATION TO RENT / LEASE IS CORRECT AND COMPLETE. APPLICANT AUTHORIZES ALL INQUIRIES BY RENTAL OWNER OR OWNER'S AGENT OR NATIONAL TENANT NETWORK DEEMED NECESSARY TO EVALUATE THIS APPLICATION. APPLICANT FURTHER UNDERSTANDS THAT ANY FALSE, TELEPHONE: FAX: INACCURATE, OR INCOMPLETE INFORMATION IS GROUNDS FOR IMMEDIATE REJECTION. APPLICANT SPECIFICALLY AUTHORIZES AND REQUESTS ALL PRESENT CONTACT: DATE: TIME: AND PREVIOUS EMPLOYERS, MORTGAGE HOLDERS, LANDLORDS, RENTAL AGENTS, CREDIT GRANTORS, BANKS, ACCOUNTANTS, STOCK BROKERS, AND ANY REPORTS FOR:(Please Specify) Applicant__ Spouse__ GOVERNMENT AGENCY TO RELEASE ANY REQUESTED INFORMATION IN THE REPORT TYPE(S): CREDIT__ EVICTION_ EVALUATION OF THIS APPLICATION. THIS FORM IS PROVIDED BY NTN TO ASSIST STATE or COUNTY CRIMINAL (Please Specify): ITS MEMBERS IN PROCESSING THEIR APPLICATIONS TO LEASE RENTAL PROPERTY. NTN SHALL NOT BE RESPONSIBLE FOR THE USE OR APPLICATION OF THIS FORM NATIONWIDE CRIMINAL Decision Point_ BY OTHERS OR ANY LEGAL ASPECT AS TO A LEASING / RENTAL AGREEMENT FULL SERVICE (Credit Eviction Local Criminal & Verify

ENTERED INTO BY ANY PARTIES USING THIS FORM.				Employer / Landlord)	
Application	1			THEAT	
USE BLACK INK AND I	PLEASE PRINT	CLEARLY!		VERIFY I.D. / SSN / ADDRESS INFO!	
Applicant: LAST Drivers Lic. #/State:			LE	SSN#:/	
Spouse:	FIRST	MIDD	DLE	SSN#://	
Drivers Lic. #/State		1		DOB://	
				Reason for Leaving:Your Home Phone: ()	
Current Landlord:		Pho	one: ()_	to	
Previous Address:		Rent	Amt: \$	Reason for Leaving:	
City:	State:	Zip:	Has an ev	viction ever been filed against you? Yes / N	
Previous Landlord:_			hone: (Date From: to	
Present Employer:				_Phone #: ()	
Position:		_Supervisor:			
Date From:	to	Gross Income: \$		_per week[] month[] yr[]Other Income:	
Bank Name:		_ Savings Acct. # _		Checking Acet.#	
Spouse's Employer <u>:</u>				_Phone #: ()	
Position:		_Supervisor:			
Date From:	to	_Gross Income: \$		_per week[] month[] yr[]Other Income:	
Bank Name:		_ Savings Acct. # _		Checking Acct. #	
Others who will occu	py premises:			Pets? Yes or No	
Auto make Yr	Tag#	Auto Make	Yr	Tag# Other Vehicles? Yes or No	
				iolations and information I/we provide on this or up to 7 (seven) years after I vacate the	
Applicant Signati	ıre:			Date:	
Spouse Signature				Date:	