



# TENANT BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION

I understand that Advanced Reporting will be preparing my Tenant Screening report and I authorize them to obtain consumer credit/criminal history information on me. I authorize my creditors and employers to release to Advanced Reporting all information necessary to complete said report. I further understand that use of a photocopy of this form may be necessary to verify one or more of my credit references. I authorize that use, and request of such a copy be honored fully. This consent is subject to written revocation at anytime except to the extent that action has been taken in reliance there on. In any event, this consent shall expire upon the conclusion of said report.

Date: \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Other names used: \_\_\_\_\_ **DOB:** \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

**Co-Applicant Name:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Other names used: \_\_\_\_\_ **DOB:** \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_

Property/Complex Name: \_\_\_\_\_

You are **REQUIRED** to provide all previous residences with the last ten (10) years. Please list below each residence along with the dates of residence. Please use a separate sheet of paper if necessary, including your signature.

Dates	Address	City	State	Zip

