

Landlord Protection Service

Credit Check Authorization Form

Office Use Only

(800) 525-1988
Fax: (800) 577-3799

CLIENT: SIMMONS REAL ESTATE
PHONE: (530) 753-5638

ACCOUNT: 93115
FAX: (530) 753-4002

ORDER REQUESTOR:

TRUST JMS RENTALS GLENWOODARMS SHADYGARDEN SIMMONS

REFERENCE: _____
(PROPERTY ADDRESS)

By execution of this application, I hereby authorize Landlord Protection Service to run an Employment and Credit Report, and to check for Criminal Records.

LAST NAME: _____

FIRST NAME: _____

SOCIAL SECURITY#: _____

DATE OF BIRTH: _____

CURRENT ADDRESS: _____

CITY/STATE/ZIP: _____

PREVIOUS ADDRESS: _____

CITY/STATE/ZIP: _____

IN ORDER TO COMPLY WITH THE CREDIT REPORTING ACT, THE APPLICANT MUST READ AND SIGN THIS FORM BELOW. ORIGINAL SIGNATURE ON THIS FORM IS MANDATORY.

In compliance with the Fair Credit Reporting Act, we are informing you that information as to your character and general reputation will be verified. I, as the applicant, represent that the facts set forth on this document are true and complete. I, as the applicant, agree that a complete investigation of all the information on this document will not constitute an invasion of privacy. I authorize Landlord Protection Service to obtain a credit report pertaining to me. Landlord Protection Service has my permission to release information found in this screening process.

Applicant Signature

Date

Authorized Signature

Date

APPLICANT PHONE # _____