



CRIMINAL SCREENING.COM

TENANT SCREENING AUTHORIZATION

**** Information to be provided only by landlord/management company****

Landlord/Management Company (name): _____

Agent Completing (name): _____

Phone: _____ FAX: _____ Email: _____

I agree that screening for the individual referenced below is for tenant purposes: Agree Disagree

**** Information to be provided only by prospective tenant****

Full Legal Name: _____ Social Security Number: _____

DOB: _____ Sex: Male Female Race: _____

Driver License #: _____ State Issued: _____

Current Address (street): _____

City: _____ State: _____ Zip: _____

Landlord Name: _____ Landlord Phone: _____

Reason for leaving: _____

Previous Address (if less than 3 years at current address): _____

City: _____ State: _____ Zip: _____

Landlord Name: _____ Landlord Phone: _____

Reason for leaving: _____

Have you ever been convicted of a crime? (if yes please explain): _____

Have you ever been evicted? (if yes please explain): _____

By signing this authorization I certify that all content provided is legal and correct.

All information should be confirmed by reviewing driver license and social security card.

Print Name: _____ Date: _____

Sign Name: _____