

TERMS: APPLICANT CERTIFIES THAT ALL INFORMATION GIVEN TO EVALUATE 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, INACCURATE, OR INCOMPLETE INFORMATION IS GROUNDS FOR IMMEDIATE REJECTION. APPLICANT SPECIFICALLY AUTHORIZES AND REQUESTS ALL PRESENT AND PREVIOUS EMPLOYERS, MORTGAGE HOLDERS, LANDLORDS, RENTAL AGENTS, CREDIT GRANTORS, BANKS, ACCOUNTANTS, STOCK BROKERS, AND ANY GOVERNMENT AGENCY TO RELEASE ANY REQUESTED INFORMATION IN THE EVALUATION OF THIS APPLICATION. THIS FORM IS PROVIDED BY NTN TO ASSIST ITS MEMBERS IN PROCESSING THEIR APPLICATIONS TO LEASE RENTAL PROPERTY. NTN SHALL NOT BE RESPONSIBLE FOR THE USE OR APPLICATION OF THIS FORM BY OTHERS OR ANY LEGAL ASPECT AS TO A LEASING / RENTAL AGREEMENT ENTERED INTO BY ANY PARTIES USING THIS FORM.

NTN MEMBER NAME: _____

ACCESS NUMBER: _____

TELEPHONE: _____

FAX: _____

CONTACT: _____

DATE: _____

TIME: _____

REPORTS FOR:(Please Specify) **Applicant**__ **Spouse**__

REPORT TYPE(S): CREDIT__ EVICTION__

STATE or COUNTY CRIMINAL__ (Please Specify): _____

NATIONWIDE CRIMINAL__ **Decision Point**__

FULL SERVICE__ (Credit, Eviction, Local Criminal & Verify Employer / Landlord)

Application

Fax this form to NTN at 866-542-0965

RENT: _____

USE BLACK INK AND PLEASE PRINT CLEARLY!

VERIFY I.D. / SSN / ADDRESS INFO!

Applicant:

LAST

FIRST

MIDDLE

SSN#: ____/____/____

Drivers Lic. #/State: _____ / _____

DOB: ____/____/____

Spouse:

LAST

FIRST

MIDDLE

SSN#: ____/____/____

Drivers Lic. #/State _____ / _____

DOB: ____/____/____

Present Address: _____ Rent Amt: \$ _____ Reason for Leaving: _____

City: _____ State: _____ Zip: _____ Your Home Phone: () _____

Current Landlord: _____ Phone: () _____ Date From: _____ to _____

Previous Address: _____ Rent Amt: \$ _____ Reason for Leaving: _____

City: _____ State: _____ Zip: _____ **Has an eviction ever been filed against you? Yes / No**

Previous Landlord: _____ Phone: () _____ Date From: _____ to _____

Present Employer: _____ Phone #: () _____

Position: _____ Supervisor: _____

Date From: _____ to _____ Gross Income: \$ _____ per week[] month[] yr[] Other Income: _____

Bank Name: _____ Savings Acct. # _____ Checking Acct. # _____

Spouse's Employer: _____ Phone #: () _____

Position: _____ Supervisor: _____

Date From: _____ to _____ Gross Income: \$ _____ per week[] month[] yr[] Other Income: _____

Bank Name: _____ Savings Acct. # _____ Checking Acct. # _____

Others who will occupy premises:

Pets? Yes or No

Auto make	Yr	Tag #	Auto Make	Yr	Tag #	Other Vehicles? Yes or No

If I/We rent the unit, I/We understand my/our rental history including lease violations and information I/we provide on this application may be reported to and maintained by National Tenant Network for up to 7 (seven) years after I vacate the premises.

Applicant Signature: _____ **Date:** _____

Spouse Signature: _____ **Date:** _____