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, OWNER'S AGENT OR NATIONAL TENANT NETWORK DEEMED NECESSARY TO EVALUATE THIS APPLICATION. APPLICANT FURTHER UNDERSTANDS THAT ANY FALSE, INACCURATE, OR FAX: TELEPHONE: INCOMPLETE INFORMATION IS GROUNDS FOR IMMEDIATE REJECTION. APPLICANT SPECIFICALLY AUTHORIZES AND REQUESTS ALL PRESENT AND PREVIOUS CONTACT: DATE: TIME: EMPLOYERS, MORTGAGE HOLDERS, LANDLORDS, RENTAL AGENTS, CREDIT GRANTORS, BANKS, ACCOUNTANTS, STOCK BROKERS, AND ANY GOVERNMENT REPORTS FOR:(Please Specify) □ Applicant □ Spouse AGENCY TO RELEASE ANY REQUESTED INFORMATION IN THE EVALUATION OF REPORT TYPE(S): ☐ CREDIT ☐ EVICTION THIS APPLICATION. THIS FORM IS PROVIDED BY NTN TO ASSIST ITS MEMBERS IN □ DECISION POINT □ PLUS □ NATIONWIDE CRIMINAL PROCESSING THEIR APPLICATIONS TO LEASE RENTAL PROPERTY. NTN SHALL ☐ STATEWIDE CRIMINAL: STATE\_ NOT BE RESPONSIBLE FOR THE USE OR APPLICATION OF THIS FORM BY OTHERS OR ☐ FULL SERVICE(Credit, Eviction, Nationwide Criminal, ANY LEGAL ASPECT AS TO A LEASING / RENTAL AGREEMENT ENTERED INTO BY ANY PARTIES USING THIS FORM. Employer / Landlord Verifications)

USE BLACK INK AND PLEASE P	RINT CLEARLY!	VERIFY I.D. / SSN / ADDRESS INFO!
Applicant:LAST	FIRST M	SSN# / /
OOB:/Co	ontact Info: Cell Phone:	Work Phone:
Others who will occupy premises:		Will pets be residing in the residence? Yes or No
Present Address:	Rent Amt:	\$ Reason for Leaving:
City:	State: Zi	Zip: Your Home Phone: ( )
Current Landlord:	Phone: (	
Previous Address:	Rent /	Amt: \$ Reason for Leaving:
City: State:	Zip: Has an evict	ction ever been filed against you? Yes / No
Previous Landlord	Phone: (	) Date From to
Present Employer:		Main Phone:
Position:		Human Resource Contact:
Date From: to	Gross Income: <u>\$</u>	per week[] month[] yr[]Other Income:
Previous Employer:		Main Phone #: ( )
Emergency Contact:	Relations	ship to Applicant:
Emergency Contact Home Phone:	Emerg	rgency Contact Cell Phone:
Bank Name:	_ Account Type: Checking or Sa	Savings Account Number:
Bank Name:	_ Account Type: Checking or Sa	Savings Account Number:
Auto make	Yr Tag #	Owned?: Yes / No Leased?: Yes / No
Auto make	Yr Tag #	Owned?: Yes / No Leased?: Yes / No

Applicant Signature:	Date:	
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