## TENANT SCREENING SERVICES, LLC. APPLICATION FOR RENTAL P.O. BOX 4902 \* LAGO VISTA, TX 78645 TOLL FREE PHONE: 800-252-8297 \* AUSTIN PHONE: 512-451-2734 TOLL FREE FAX; 800-925-2959 \* AUSTIN FAX; 512-451-2959

DATE OF APPLICATION:( / / )		
<u>APPLICANT</u>	CO-APPLICANT	
Name (Last, First, MI)	Name (Last, First, MI)	
SSN:DOB(mm/dd/yy)	SSN:DOB(mm/dd/yy)	
Driver's Ilcense #STST	Driver's license #ST	
Home Ph:()	Home Ph:()	
Work Ph; ()	Work Ph: ()	
Cell Ph: ()	Cell Ph: ()	
Marital Status: (circle one) Married Single	Marital Status: (circle one) Married Single	
PRESENT ADDRESS	EMPLOYMENT (Date began)	
APT	EMPLOYER	
CITYSTZIP	ADDRESS	
RENTFROM//TO//	CITYSTZIP	
LANDLORD/MORTGAGE CO	POSITIONSALARY	
LANDLORD PHONE # ()	SUPERVISOR NAMEPH	
PREVIOUS ADDRESS	PREVIOUS EMPLOYMENT (From To )	
APT	EMPLOYER	
CITYSTZIP	ADDRESS	
RENTFROM//_TO//	CITYSTZIP	
LANDLORD/MORTGAGE CO	POSITIONSALARY	
LANDLORD PHONE # ()	SUPERVISOR NAMEPH	
EMPLOYMENT (Date began)	ADDITIONAL MONTHLY INCOME	
EMPLOYER	SOURCE	
ADDRESS	YOUR RENTAL/CRIMINAL HISTORY-Have you or your spouse EVER:[] Been Evided or Asked to Move Out?[]Declared Benkruptov?[]Been Sued	
CITYSTZIP	for Non-payment of Ront? [] Been Convicted of a Felony? [] Roceived Deferred Adjudication for a Felony? Please Indicate the Year, Location, and Type of Each Felony. We May Need to Discuss More Facts before Making a Doctsion. No checks Indicates "NO".	
POSITIONSALARY		
SUPERVISOR NAMEPH		
PREVIOUS EMPLOYMENT (From To )	CORRECT INFORMATION	
EMPLOYER	I hereby give permission to Tenent Screening Services, Inc. lo access my credit, eviction, and criminal records. I give my permission to my present	
ADDRESS	and previous landlords and employers to confirm and/or release my rontal and employment (including income) information to Tenant Screening	
CITYSTZIP	Services, Inc. Applicant and co-applicant acknowledge that false information herein may constitute grounds for rejection of this application, termination of	
POSITIONSALARY	right of accupancy, and/or forfeiture of deposits and may constitute a criminal offense under the laws of this state,	
SUPERVISOR NAMEPH	Applicant Signature	
	Co-App. SignatureDate	

\_\_REQUESTOR PHONE # (\_\_\_\_)\_\_

REQUESTOR NAME\_\_\_