

DATE _____

CUSTOMER NUMBER _____

TENANT INFORMATION FORM

I / We _____, prospective tenant(s) / buyer(s) for the property located at _____

Managed By: _____ Owned By: _____

Hereby allow TENANT CHECK and or the property owner / manager to inquire into my / our credit file, criminal, and rental history as well as any other personal record, to obtain information for use in processing of this application. I / we understand that on my / our credit file it will appear the TENANT CHECK has made an inquiry. I / we cannot claim any invasion of privacy or any other claim that may arise against TENANT CHECK now or in the future.

PLEASE PRINT CLEARLY

<u>TENANT INFORMATION:</u>		<u>SPOUSE / ROOMMATE:</u>	
SINGLE _____	MARRIED _____	SINGLE _____	MARRIED _____
SOCIAL SECURITY #:	_____	SOCIAL SECURITY #:	_____
FULL NAME:	_____	FULL NAME:	_____
DATE OF BIRTH:	_____	DATE OF BIRTH:	_____
DRIVER LICENSE #:	_____	DRIVER LICENSE #:	_____
CURRENT ADDRESS:	_____	CURRENT ADDRESS:	_____
	HOW LONG? _____		HOW LONG? _____
LANDLORD & PHONE:	_____	LANDLORD & PHONE:	_____
	_____		_____
PREVIOUS ADDRESS:	_____	PREVIOUS ADDRESS:	_____
	HOW LONG? _____		HOW LONG? _____
EMPLOYER:	_____	EMPLOYER:	_____
OCCUPATION:	_____	OCCUPATION:	_____
GROSS MONTHLY INCOME:	_____	GROSS MONTHLY INCOME:	_____
LENGTH OF EMPLOYMENT:	_____	LENGTH OF EMPLOYMENT:	_____
WORK PHONE NUMBER:	_____	WORK PHONE NUMBER:	_____
HAVE YOU EVER BEEN ARRESTED? (CIRCLE ONE) YES NO		HAVE YOU EVER BEEN ARRESTED? (CIRCLE ONE) YES NO	
HAVE YOU EVER BEEN EVICTED? (CIRCLE ONE) YES NO		HAVE YOU EVER BEEN EVICTED? (CIRCLE ONE) YES NO	
SIGNATURE:	_____	SIGNATURE:	_____
	_____		_____
PHONE NUMBER:	_____	PHONE NUMBER:	_____

TENANT CHECK HOURS OF OPERATION:
MONDAY - FRIDAY : 9:00 a.m. - 5:30 p.m.
SATURDAY : 11:00 a.m. - 4:00p.m.
 ALL ORDERS RECEIVED AFTER 5:00 p.m (3:30 p.m. on Sat.) WILL BE PROCESSED THE NEXT BUSINESS DAY

TENANT CHECK FAX #: (727) 942-6843

IF THE WRONG SOCIAL SECURITY NUMBER IS SUBMITTED, A SECOND APPLICATION FEE WILL BE CHARGED TO RE-PULL THE REPORT.

A CREDIT REPORTING SERVICE PROVIDING CREDIT REPORTS FOR REALTORS / PROPERTY MANAGERS / APARTMENT COMPLEXES / MOBILE HOME PARKS / CONDOMINIUM ASSOCIATIONS / EMPLOYERS

OASIS MOBILE HOMEOWNERS

NOTE: A \$100.00 NON-REFUNDABLE FEE, MUST ACCOMPANY THIS APPLICATION PRIOR TO ITS CONSIDERATION FOR PURCHASE/LEASE

OASIS MOBILE HOME PARK IS A 55 PLUS RESIDENT OWNED COMMUNITY NO PETS

PROPERTY ADDRESS : UNIT _____ 12766 Seminole Blvd, Largo, FL 33778

APPLICANTS NAME: _____

ADDRESS: _____

MARITAL STATUS: _____ PHONE NUMBER _____ EMAIL ADDRESS _____

SOCIAL SECURITY NUMBER: _____ DRIVERS LICENSE NUMBER _____

VEHICLE MAKE & MODEL, YEAR _____ CAR LICENSE NUMBER _____

CURRENT LANDLORD NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

NOTICE GIVEN: YES _____ NO _____ DATE LEASE EXPIRES _____

CURRENT EMPLOYER: _____

ADDRESS _____

HOW LONG EMPLOYED _____ OCCUPATION _____

PREVIOUS EMPLOYER _____

HOW LONG EMPLOYED _____ OCCUPATION _____

AND OTHER PERSON (S) THAT WILL OCCUPY UNIT FOR MORE THAN 3 WEEKS DURING A 6 MONTHS PERIOD,
OR 6 WEEKS DURING A YEAR PERIOD, MUST COMPLETE A SEPARATE APPLICATION

EVER BEEN EVICTED? _____

EVER BEEN CONVICTED OF A CRIME? _____

EVER BEEN IN LITIGATION WITH A LANDLORD? _____ IF YES TO ANY, PLEASE PROVIDE BRIEF DESCRIPTION

APPLICANT'S SIGNATURE _____ DATE _____

BOARD USE: APPROVED / DENIED

Sign _____ SIGN _____ DATE _____

Sign _____ SIGN _____ DATE _____

Sign _____ Sign _____

Sign _____