

Criminalscreening.com

Tenant Screening Credit/criminal/eviction authorization

536 N. Westmoreland Dr. Ste 4
Orlando, FL 32805

Ph. 407-246-1914
Fx. 407-246-1377
Email: jra@crimnalscreening.com

Company/Apartment _____ Fax # _____

*Reason for request (**Required**) (ie., Employment, Tenant, Etc.) _____

Applicant's name _____ Race _____ Sex _____ DOB _____

DL# _____ State issued _____

Social Security number _____ Ph# _____

Current address _____

City, State, Zip (**Required**) _____

Reason for leaving _____ Landlord# _____

Previous address (If less than 3 years at above, **required**) _____

City, State, Zip _____

Reason for leaving _____ Landlord# _____

Have you ever been found guilty of a crime? (IF yes explain) _____

_____ Ever been evicted? _____

Additional search areas _____

Please read carefully and print clearly

Fax only this form to 407-246-1377.

Applicant must fill out completely and sign at bottom

Only one form per applicant

Please copy all information directly from drivers license and SS card!

Instant results available online at www.crimnalscreening.com

I am authorized to submit this application on behalf of the customer/applicant named above, and that the information provided is for the purpose of renting/employment and warranted to be true. I hereby authorize Criminalscreening.com to investigate the references listed pertaining to my financial responsibilities. I authorize Criminalscreening.com to conduct any background check necessary for the applied position including credit or driving reports.

Applicant agrees to be liable for any and all collection/attorney fees associated with lease breakage and apartment damages.

**Applicants signature _____ Date _____

Sign clearly/readable