

Advanced Reporting

P.O. Box 12398 ▪ Salem, OR 97309
503.375.0451 ▪ Toll Free 1.888.375.0451
Fax 503.364.0195 ▪ Toll Free Fax 1.877.450.2774
www.advrep.com

Professional Background Screening Services

YOUR TENANT SCREENING REPORT AUTHORIZATION

I understand that Advanced Reporting will be preparing my Tenant Screening report and I authorize them to obtain consumer credit/criminal history information on me. I authorize my creditors and employers to release to Advanced Reporting all information necessary to complete said report. I further understand that use of a photocopy of this form may be necessary to verify one or more of my credit references. I authorize that use, and request of such a copy be honored fully. This consent is subject to written revocation at anytime except to the extent that action has been taken in reliance there on. In any event, this consent shall expire upon the conclusion of said report.

Date: _____

Applicant Name: _____ Social Security #: _____ - _____ - _____

All other names used: _____ Date of Birth: _____

Applicant Signature: _____

Co-Applicant Name: _____ Social Security #: _____ - _____ - _____

All other names used: _____ Date of Birth: _____

Co-Applicant Signature: _____

Property/Complex Name: _____

You are **REQUIRED** to provide all previous residences with the last ten (10) years. Please list below each residence along with the dates of residence. Please use a separate sheet of paper if necessary, including your signature.

Dates	Residence Address	City	State	Zip