

terms: APPLICANT CERTIFIES THAT ALL INFORMATION GIVEN TO EVALUATE THIS APPLICATION TO RENT / LEASE IS CORRECT AND COMPLETE. APPLICANT AUTHORIZES ALL INQUIRIES BY RENTAL OWNER OR OWNER'S AGENT OR NATIONAL TENANT NETWORK DEEMED NECESSARY TO EVALUATE THIS APPLICATION. APPLICANT FURTHER UNDERSTANDS THAT ANY FALSE, INACCURATE, OR INCOMPLETE INFORMATION IS GROUNDS FOR IMMEDIATE REJECTION. APPLICANT SPECIFICALLY AUTHORIZES AND REQUESTS ALL PRESENT AND PREVIOUS EMPLOYERS, MORTGAGE HOLDERS, LANDLORDS, RENTAL AGENTS, CREDIT GRANTORS, BANKS, ACCOUNTANTS, STOCK BROKERS, AND ANY GOVERNMENT AGENCY TO RELEASE ANY REQUESTED INFORMATION IN THE EVALUATION OF THIS APPLICATION. THIS FORM IS PROVIDED BY NTN TO ASSIST ITS MEMBERS IN PROCESSING THEIR APPLICATIONS TO LEASE RENTAL PROPERTY. NTN SHALL NOT BE RESPONSIBLE FOR THE USE OR APPLICATION OF THIS FORM BY OTHERS OR ANY LEGAL ASPECT AS TO A LEASING / RENTAL AGREEMENT ENTERED INTO BY ANY PARTIES USING THIS FORM.	NTN MEMBER NAME:	ACCESS NUMBER: NC 2505
	TELEPHONE: _____ FAX: _____ CONTACT: _____ DATE: _____ TIME: _____ REPORTS FOR: (Please Specify) <input type="checkbox"/> Applicant <input type="checkbox"/> Spouse REPORT TYPE(S): <input type="checkbox"/> DECISION POINT <input type="checkbox"/> EVICTION <input type="checkbox"/> NATIONWIDE CRIMINAL	

Application

USE BLACK INK AND PLEASE PRINT CLEARLY! **VERIFY I.D. / SSN / ADDRESS INFO!**

Applicant: _____ **SSN#:** _____
LAST FIRST MIDDLE

Drivers Lic. #/State: _____ / _____ **DOB:** _____ / _____ / _____

Spouse: _____ **SSN#:** _____
LAST FIRST MIDDLE

Drivers Lic. #/State: _____ / _____ **DOB:** _____ / _____ / _____

Present Address: _____ **Rent Amt:** \$ _____ **Reason for Leaving:** _____

City: _____ **State:** _____ **Zip:** _____ **Your Home Phone:** () _____

Current Landlord: _____ **Phone:** () _____ **Date From:** _____ **to** _____

Previous Address: _____ **Rent Amt:** \$ _____ **Reason for Leaving:** _____

City: _____ **State:** _____ **Zip:** _____ **Has an eviction ever been filed against you? Yes / No**

Previous Landlord: _____ **Phone:** () _____ **Date From:** _____ **to** _____

Present Employer: _____ **Phone #:** () _____

Position: _____ **Supervisor:** _____

Date From: _____ **to** _____ **Gross Income:** \$ _____ **per week** [] **month** [] **yr** [] **Other Income:** _____

Bank Name: _____ **Savings Acct. #** _____ **Checking Acct. #** _____

Spouse's Employer: _____ **Phone #:** () _____

Position: _____ **Supervisor:** _____

Date From: _____ **to** _____ **Gross Income:** \$ _____ **per week** [] **month** [] **yr** [] **Other Income:** _____

Bank Name: _____ **Savings Acct. #** _____ **Checking Acct. #** _____

Others who will occupy premises: _____ **Pets? Yes or No**

Auto make Yr Tag # Auto Make Yr Tag # Other Vehicles? Yes or No

If I rent the unit, I understand my rental history including lease violations and information I provide on this application may be reported to and maintained by National Tenant Network for up to 7 (seven) years after I vacate the premises.

Applicant Signature: _____ **Date:** _____

Spouse Signature: _____ **Date:** _____