

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
TELEPHONE:	FAX:
CONTACT:	DATE: TIME:
REPORT TYPE(S): CREDIT <input type="checkbox"/> EVICTION <input type="checkbox"/> NC CRIMINAL <input type="checkbox"/> Applicant <input type="checkbox"/> / Spouse <input type="checkbox"/> / Both <input type="checkbox"/>	
FULL SERVICE <input type="checkbox"/> (Above Reports & Verify Employer / Landlord)	
OTHER (Please Specify): _____	

Application

Fax this form to

919-467-6533

USE BLACK INK AND PLEASE PRINT CLEARLY!

VERIFY I.D. / SSN / ADDRESS INFO!

Applicant: _____
LAST FIRST MIDDLE

SSN#: _____ / _____ / _____

Drivers Lic. #/State: _____ / _____

DOB: _____ / _____ / _____

Spouse: _____
LAST FIRST MIDDLE

SSN#: _____ / _____ / _____

Drivers Lic. #/State: _____ / _____

DOB: _____ / _____ / _____

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

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

Buying or Renting

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

Buying or Renting

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

Present Employer: _____ Phone #: () _____

Position: _____ Supervisor: _____

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

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

Position: _____ Supervisor: _____

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

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

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

I declare the above information is true and correct, authorize its verification, authorize the obtaining of a consumer credit report, understand the application fee(s) will not be refunded for any reason, and agree to the terms of this application.

Applicant Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

NTN ... comprehensive tenant performance reporting ... Ph. 919-844-8950 or 888-339-4275
 ALASKA, ARIZONA, CALIFORNIA, FLORIDA, GEORGIA, ILLINOIS, INDIANA, IOWA, KANSAS, KENTUCKY, MASSACHUSETTS, NEW JERSEY, NEW YORK,
 NORTH CAROLINA, OHIO, OREGON, PENNSYLVANIA, TEXAS, VIRGINIA, WASHINGTON