REQUEST AUTHORIZATION FORM NATIONAL CRIMINAL REPORT AND OR NATIONAL EVICTION CHECK

Applicant Information and Signature Release

PRINT CLEARLY - *All fields are ***REQUIRED***

(Note: Tenant requests are per applicant and not filed jointly per bureau compliance)

*Applicant ***Full*** Name:_____
First Middle Last

*SSN#:_____-_____-_____ *DOB: _____/_____/_____

*Address:_____ APT # _____

*City: _____ *State:_____ *Zip: _____

Former Address (if **NOT** at present address for 2 years):

*Address:_____ *APT # _____

*City: _____ *State:_____ *Zip: _____

*Monthly Income: _____

*Proposed Monthly Rent: _____

Driver's License # (if requesting Driver's License History Report):

_____

I authorize the named below to obtain a Statewide and National criminal report, and or National eviction check, on me, through Atlanticscreening.com for tenant screening purposes

*Applicant Signature:_____ Date:____/_____/20____

To Be Completed By US Real Estate Client (Requestor) ONLY:

*Client ID #_____

*Requested by _____
First Last

*Phone # _____

*Reply Fax # _____

*** Required Fields***

Please "X" Requested Service(s) ☒ *:*

Statewide Bundle..... ☐

Nationwide Bundle..... ☐

Criminal Background

Statewide Criminal Check..... ☒

Nationwide Criminal Check..... ☒

County Criminal Check..... ☐

(Specify County)_____

Global Criminal Check..... ☐

Federal Criminal Record..... ☐

(Specify Jurisdiction)_____

Eviction Reports

Statewide Eviction..... ☒

Nationwide Eviction..... ☒

Other Checks

SSN# Verification..... ☐

Prev. Landlord Verification..... ☐

Employment Verification..... ☐

Driver's License History..... ☐

PeopleFinder Service..... ☐