

Unit _____

Amt.\$ _____

Consumer History Application & Receipt for Advance Costs

● CO-TENANTS OTHER THAN SPOUSE MUST USE SEPARATE APPLICATION. ALL APPLICATIONS MUST BE COMPLETE.

Received from applicant(s), the sum of \$ _____ dollars to pay for cost the Owner/Agent will incur for a complete consumer history report on applicant(s) from TSC Inc. This advance cost is non-refundable and is not a deposit.

Applicant _____
(Last Name) (First Name) (Middle Name) (Sr, Jr, etc.)

Any Other Names Used? _____ Birth Date: ____/____/____

Soc.Sec.# _____ Drivers Lic. # _____ State _____ D.L. ID

Spouse Only _____
(Last Name) (First Name) (Middle Name) (Sr, Jr, etc.)

Any Other Names Used? _____ Birth Date: ____/____/____

Soc.Sec.# _____ Drivers Lic. # _____ State _____ D.L. ID

Additional Occupants: Name _____ D.O.B. _____ Name _____ D.O.B. _____

Rental History: Have you ever been party to an eviction? Yes No Filed bankruptcy? Yes No Pets? Yes No
Convicted of a Crime? Yes No Do you have water furniture? Yes No Do you have insurance coverage? Yes No
If yes to any of the above questions – Give details on back.

Present Address _____
(Address, City, State, Zip)

Date In ____/____/____ Date Out ____/____/____ Monthly Rent \$ _____

Landlord/Agent _____ BUS. Phone () _____
(name and address) RES. Phone () _____

Reason for Moving _____ Moving Date _____

Previous Address _____
(Address, City, State, Zip)

Date In ____/____/____ Date Out ____/____/____ Monthly Rent \$ _____

Landlord/Agent _____ BUS. Phone () _____
(name and address) RES. Phone () _____

If self-employed, legal name of business and/or license No. _____ (re contractor or broker, etc.)

Applicant: Employer _____
(Name) (Address) (City)

Phone () Date Employed ____/____/____ Position _____ Wages _____

Pay Period _____ Union _____ Phone ()

Previous Employer _____ Address _____ Phone ()

Spouse: Employer _____
(Name) (Address) (City)

Phone () Date Employed ____/____/____ Position _____ Wages _____

Pay Period _____ Union _____ Phone ()

Previous Employer _____ Address _____ Phone ()

Additional Income: Source _____ Amount \$ _____ Recipient _____

General Credit Information:

Automobile 1: _____
(make) (yr.) (model) (Lic.No./State) (lender)

Automobile 2: _____
(make) (yr.) (model) (Lic.No./State) (lender)

Bank _____ Branch _____ Ck. Acct. # _____ Savings Acct. # _____

Bank _____ Branch _____ Ck. Acct. # _____ Savings Acct. # _____

Credit Reference 1. _____
(name and address)

Acct. # _____ Balance due \$ _____ Phone ()

Credit Reference 2. _____
(name and address)

Acct. # _____ Balance due \$ _____ Phone ()

Personal References _____
(name and address) Phone ()

_____ (name and address) Phone ()

Nearest Relative _____ Relation: _____ Phone ()
(name and address)

We declare that all information given in this application is true and correct. We authorize TSC Inc. to verify and obtain a complete consumer history report and supply information obtained to their clients. This information is not privileged.

Date: _____, 19 _____ Phone () _____

Signed _____ Signed _____
(Applicant) (Spouse Only)