

## RATE-A-RENTER INFORMATION FORM

(Applicant to Complete this Form)

LAST NAME \_\_\_\_\_ Jr/Sr \_\_\_\_\_ FIRST NAME \_\_\_\_\_

MIDDLE INITIAL \_\_\_\_\_ SPOUSE NAME \_\_\_\_\_

PRESENT ADDRESS/ZIP CODE \_\_\_\_\_  
\_\_\_\_\_

PRIOR ADDRESS (if residing at current address less than one year)  
\_\_\_\_\_

SS# \_\_\_\_\_ SPOUSE SS# \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SPOUSE DOB \_\_\_\_\_

EMPLOYER'S NAME AND ADDRESS (if applicable) \_\_\_\_\_  
\_\_\_\_\_

### CONSENT

I agree to allow my credit history to be procured and reviewed by \_\_\_\_\_  
And therefore release any and all persons from all liability in connection with responding to inquiries regarding  
this consent. I also understand that any inaccurate information contained in my report shall not be the  
responsibility of the requester, or the provider, or any of its affiliates or correspondents.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
Applicant

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
Co-Applicant

### ***Client to Complete this Portion***

ACCT# \_\_\_\_\_ CODE \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

FAX BACK # \_\_\_\_\_ PHONE # \_\_\_\_\_

BILL MY ACCOUNT: Yes \_\_\_\_\_ No \_\_\_\_\_ BILL MY CREDIT CARD: Yes \_\_\_\_\_

Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ AmExpress \_\_\_\_\_ Card Expiration \_\_\_\_\_

CARD NUMBER \_\_\_\_\_

Results \_\_\_\_\_ Verbal \_\_\_\_\_ Fax & Mail Back \_\_\_\_\_ Mail Only \_\_\_\_\_