

Go 4 Cash Flow

Property Address: _____

RENTAL APPLICATION

Neatly complete all information below. All applicants over the age of 18 must complete and sign their own application.

Applicants full name _____ **Phone #** _____ **DOB** _____

Social Security # _____ **Drivers License #** _____ **State** _____ **Exp.** _____

Current Address _____ **City** _____ **State** _____ **Zip** _____

Current Landlords Name _____ **Landlords Phone #** _____

How long at this address _____ **Reason for leaving** _____

Auto Yr _____ **Make** _____ **Model** _____ **State/License Plate #** _____

Present Employer _____ **Position** _____ **Mo. Income** _____

Phone # _____ **How long at job** _____ **Other income/source** _____

Employers Address _____ **City** _____ **State** _____

Number and type of Pets _____ **Have you ever been party to an eviction?** [] Yes [] No

Name of bank _____ **Branch** _____ **Type of Account** _____

Name of bank _____ **Branch** _____ **Type of Account** _____

Total number of adults _____ **Total number of children living with you under the age of 18** _____

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for tenant screening as may be necessary in arriving at a tenant decision, I understand that the landlord may terminate any rental agreement entered into for any misrepresentations made above.

Signature _____ **Date** _____

Received from applicant the non-refundable sum of \$ _____ dollars to pay for tenant screening service from A.C.B.

Must provide: Full Name, DOB, SS, Address and Signature.

Fax Application to: 877 747 5524