## **ASSIST 2 RENT**

A division of Credit Information Corporation

Client requesting report \_\_\_

3800 McKELVEY RD. BRIDGETON, MO 63044 (314) 344-0084 • FAX (314) 344-2998 TOLL FREE FAX (888) 242-5242

Assist2Rent.net

E-Mail \_\_\_\_\_ Phone #

Reques	sted date	of occupa	ancy				Monthly Rer	nt \$	
Name (	(Mr / Ms)						Phone# (	. )	
Social :	Security N	lunber		Date of Birth			Date is requ	ested in order to retrieve	accurate records.
Marital	Status (O	ptional)	Married	Separated	i	Widowed		Single How Long?	
Spouse	e's Name					_Maiden Na	me		
Spouse	e's Social		(Show former spouse if divor Number#	ced or separated)		_Spouse's d	ate of birth		
Presen	nt Addres		Number Street	City		State	Zip Code	How Long? From	То
Landlo	rd or Mort			Olly	Phone #	Otate	Zip Obde	Monthly Rent or Payme	ent \$
Landlord or Mortgage Holder  Previous Address					- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	ARTICLE STATE OF THE STATE OF T		•	To
110110	as Addio		Number Street	Спу		State	Zip Code		
Landlord or Mortgage Holder					_ Phone #			_Monthly Rent or Payme	
Previo	us Addre		Number Street	City		State	Zip Code	_How Long? From	To
Londin	rd or Mort			City	Phone #	State	Zip Code	Monthly Rent or Payme	ant &
Landlord or Mortgage Holder				Address	- 110116#			Phone No# (	
Employed By Position						How Long?	From		
	us Emplo			Supervisor		_ 110W Long:			Lifty Galary &
	-	-		Address				Phone No# (	)
Positio				Supervisor			From	To Gross Mon	<u> </u>
						•		Phone No#	
								Other Income	
Position Source of Other Income				Trow Long?	-			Per	
					_			FG:	Teal World
CHAF	RACTEF	REFE	RENCES Name o	f Nearest Relative (Othe	r Than Spo	use)			
1			Name		Relation		Address	City	Phone #
2			Nome		Relation		Address	City	Phone #
RANK	( REFE	RENCE	Name		Relation		Mudiess	City	T TIONE #
						Checking A	Account No.		
Addres						_	count No.		
7144103	,			,	· · · · · · · · · · · · · · · · · · ·		-		
	CR	EDIT RE	FERENCES	ADDRESS	3			MONTHLY PAYMENT	PRESENT BALANCE
			**********						
			<u> </u>	<u> </u>					
							•	B. d. a. u. k.	Vaar
-				or maintenance payme	nts indicate	amount	\$	Month	Year
	-		se (baby sitter, nurser)	/, pre-school, etc) \$  DATE PURCHASED	MONTHLY	/ DAVMENT	BALANCE	FINANÇED BY	ACCOUNT NUMBER
AUTO	MAKE	YEAR	LICENSE NO.	DATE PURCHASED	WONTHL	PATIVIENT	BALANCE	FINANCEDBI	ACCOUNT NOMBER
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L		l	<u> </u>		J				
THE E	OLLOWIN	IG OCCL	JPANTS (AND NO OT	HERS ) ARE TO OCCL	JPY SAID A	PARTMENT:			
			,	the potentiality of contr					
•		•					IBN 41 L C		
Husb	and (Na	me/Birtho	date)		<del></del>	_ VVITE (Nai	ne/Birthdate	)	
Child	lren (Nan	ne/Birthd:	ate)			Other (Na	ame/Birthdat	e)	
IN SIGN	ING THIS AF	PLICATION	I, THE UNDERSIGNED STAT	TES THAT THE ABOVE INFORI	MATION IS WA	RRANTED TO B	E TRUE AND HE	REBY AUTHORIZES ASSIST 2	RENT HEREINAFTER OR PERSON, PERTAINING TO
MY EMP	LOYMENT B	ACKGROU	ND, SOURCE OF INCOME.	CREDIT HISTORY, RESIDENT	TIAL HISTORY,	FINANCIAL RES	PONSIBILITY O	R POSSIBLE CRIMINAL HISTO	RY, THE UNDERSIGNED
AGREES	S THAT THIS	APPLICAT	ION SHALL REMAIN THE PE	ROPERTY OF A2R. THE UNDE TION TO BE CONFIDENTIAL A	RSIGNED FUR	THER RECOGN CLOSURE OF P	IZES THAT A2R ERTINENT FAC	IN IT'S INVESTIGATIVE PROC TS MAY BE MADE TO THE PRO	EDURES DOES NOT CONSIDER OPERTY OWNER. I FURTHER
			A2R'S REPORT NOT TO EX						
NOTICE	TO CONSU	MER.: AN IN	VESTGATIVE CONSUMER	REPORT INCLUDING INFORM	ATION AS TO	CREDIT AND FIN	ANCIAL RESPO	NSIBLILITY, CHARACTER, GE	NERAL REPUTATION,
PERSON	NAL CHARAC	TERISTICS	S AND MODE OF LIVING, W	HICHEVER ARE APPLICABLE.	MAY BE PRES	ENTED TO A2R	TO WHOM THIS	APPLICATION IS MADE. YOU	, THE CONSUMER, HAVE THE
				JRE OF THE NATURE AND SC CATION IS APPROVED OR NO		WESTIGATION.	TOUR REQUES	ST SHOULD BE ADDRESSED T	O YYN YMD MÛST DE MADE
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			ANY MISREPRESEN	TATION OF THE ABO	VE INFORM	IATION WILI	L CAUSE AN	IMMEDIATE DENIAL	
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SIGNE	ED	Х			_SPOUSE	X	SPO		_DATE
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			APPLIC	ANT			SPO	JSE	
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