



Credit Check Consent

For the address below

Street: _____
City: _____
Postal Code: _____
Unit: _____

Please print:

_____ Signed:	_____ Dated:
_____ Today's Date:	_____ Date Premises Required:
_____ Applicant(s) Full Name:	
_____ Social Security Number:	
<i>Applicant(s) present residence address:</i>	<i>Previous residence if current less than 1 year:</i>
_____ Street:	_____ Street:
_____ City:	_____ City:
_____ Postal:	_____ Postal:
_____ Phone:	_____ E-mail:
_____ Licence:	

I hereby certify that the information provided above is true and authorize the person or firm to whom this application is submitted to obtain such credit reports or other information as may be deemed necessary in connection with the above noted property.

THIS FORM IS OPTIONAL