

Authorization to Verify Credit / Rental Application
Property Management Associates, Inc.

Date: _____

Personal Information

Applicant # 1

Name of Applicant: _____

Current Address: _____

City: _____, State: _____ Zip Code: _____

Prior Street Address _____

City: _____, State: _____ Zip Code: _____

Social Security Number: _____ Drivers License Number: _____

Date of Birth: _____ Home Phone Number: _____

Current Employer: _____

Applicant # 2

Name of Applicant: _____

Current Address: _____

City: _____, State: _____ Zip Code: _____

Social Security Number: _____ Drivers License Number: _____

Date of Birth: _____ Home Phone Number: _____

Current Employer: _____

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Business Information

Business Name: _____ Type of Business: _____

Is this an new or existing business? _____ If Existing How Long? _____

Business Tax ID Number: _____ Type of Ownership _____

Bank Name & Address (Business): _____

Account Number: _____

Bank Name & Address: _____

All of the above information is correct and complete, and I/we understand that you will be relying on this information in deciding whether to extend credit to me/us. You may check my/our credit history, the above information or obtain other information from any source you choose and reverify it from time to time. I/we agree that this application shall remain your property, whether or not credit is granted. You may furnish others information about my/our credit and account experience with you. I/we agree to notify you if there is a material adverse change in my/our financial condition, or if I/we change addresses.

Applicant's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____