

For Store Use Only

Employer:

With whom are we speaking? _____
 Position or Title _____
 Actual date of hire _____
 What Department or Shift? _____
 May we leave a message at work? Yes No
 Is Mr./Mrs. _____ reliable/responsible? Yes No

Additional Comments:

Landlord:

With whom are we speaking? _____
 Verify address/apt# _____
 Type of lease Year Semi-annual Month to month
 Security deposit Yes No Amount \$ _____
 Date of occupancy _____
 How is rent paid? Monthly Bi-monthly Vouchered Weekly
 May we leave a message? Yes No
 Has tenant been reliable/responsible? Yes No
 Explain _____

References:

Verify relationship _____
 How long have they known the customer? _____
 Verify address/employment _____
 Verify telephone number _____
 How often do they see customer? _____
 Under what circumstances do they see customer? _____
 Is Mr./Mrs. _____ reliable/responsible? _____
 May we leave a message? _____
 Would you be interested in renting? (Name specials) _____

Ref #1	Ref #2	Ref #3	Ref #4	Ref #5	Ref #6
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
G F P	G F P	G F P	G F P	G F P	G F P

Notes:

Ref. #1 _____
 Ref. #2 _____
 Ref. #3 _____
 Ref. #4 _____
 Ref. #5 _____
 Ref. #6 _____

Government Financial Assistance Information:

Child's Name _____ Age _____ School _____
 Child's Name _____ Age _____ School _____
 Family Doctor _____ Phone _____
 Add'l Reference _____ Relat: _____
 Address _____ Phone _____
 Where Employed _____

Military Information:

Rank _____ Service # _____ Base _____
 Unit _____ Commanding Officer _____

Verified By: _____ Approved By: _____