

NON-REFUNDABLE
 \$75.00 INDIVIDUAL
 \$80.00 MARRIED COUPLE
CASH ONLY

BEACON BACKGROUND SCREENING SERVICES, LLC
 TENANT SCREENING APPLICATION

CLIENT: Rossi & Co., Inc. Exclusive Rentals 1503 PHONE: 941-955-7368

APPLICANT: Please print neatly. Information that is not legible will delay the process of this application.

Full Legal Name:	Maiden/Alms:	
Current Street Address:		
City:	State:	Zip:
Home Phone:	Circle	Own Rent
Driver's License Number:	State:	
Social Security Number:	Date of Birth:	

SPOUSE:

Full Legal Name:	Maiden/Alms:	
Driver's License Number:	State:	
Social Security Number:	Date of Birth:	

CURRENT LANDLORD:

Name:	Phone:	
How long have you lived at this address:	Current rent:	Reason for move:

PREVIOUS ADDRESS IF LESS THAN 5 YEARS AT ABOVE ADDRESS:

Street:		
City:	State:	Zip:
Landlord's Name:	Phone:	Reason for move:

EMPLOYMENT:

Employer:	Occupation:	Salary:
Address:	City:	State: Zip:
Supervisor:	Phone:	Dates of Service:

SPOUSE:

Employer:	Occupation:	Salary:
Address:	City:	State: Zip:
Supervisor:	Phone:	Dates of Service:

IF YOU ANSWER YES TO ANY OF THE FOLLOWING QUESTIONS PLEASE EXPLAIN:

Have you ever been evicted:
Have you filed bankruptcy in the last 7 years:
Have you ever been arrested or convicted of a misdemeanor or felony:

I understand that an investigative background inquiry is to be done, including but not limited to identity and prior address(es) verification, criminal history, credit history, employment verification, reason(s) for termination, work and other references. I understand that for the purpose of this inquiry, various sources will be contacted to provide information, including but not limited to various federal, state, municipal, corporate and private sources which may maintain records concerning my past activities relating to possible criminal conduct, civil court litigation, driving history and credit performance as well as other information. I authorize without reservation, any company, agency, party or other source contacted to furnish the above information.

Applicant Signature: _____ Date: _____
 Spouse or Co-Signer Signature: _____ Date: _____

NON-REFUNDABLE. CASH ONLY.

Please Initial

X _____ X _____

A COPY OF EACH APPLICANT'S DRIVERS LICENSE REQUIRED WITH APPLICATION