



AUTHORIZATION OF RELEASE

To Whom It May Concern:

I hereby allow RE/MAX Realty Affiliates to review and investigate the accuracy of information related to my application to rent including but not limited to current/prior tenancy information, employment information and credit information. I am aware they will be seeking information to determine my eligibility to rent and I give them my permission to do so.

Please be advised that I _____
authorize release of information to David C. Morris with RE/MAX Realty Affiliates and your prompt response to any and all questions is greatly appreciated.

Name: _____

Current Address: _____

City: _____ Date: _____ Zip code _____

Signature: _____

Date: _____



NEXTSTEP® TENANT SCREENING

1450 Grand Parkway S, # G-277

Katy, TX 77494

(281) 529-5798 office (713) 513-5427 fax

REQUEST FOR TENANT REPORT

APPLICANT INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Social Security #: _____ - _____ - _____ Date of Birth: _____ - _____ - _____

Drivers License #: _____ State: _____ Phone #: _____

APPLICATION TO RENT OR LEASE

Please use separate sheet for each applicant.

Unit No. _____

PERSONAL INFORMATION				
Name			Social Security No.	
Present Address			Drivers Lic. No.	
City/State/Zip	Birthdate		Res. Phone	Fax
GENERAL INFORMATION				
Other Occupants?	Number	Relationship		
Animals?	Number	Type	Smoker <input type="checkbox"/> Yes <input type="checkbox"/> No	
Car Make	Year	Model	Color	License No.
EMPLOYMENT INFORMATION				
(If employed less than two years, please give same information on prior occupation)				
Present Occupation			Bus. Phone	
Employer			Supervisor	
Self Employed d.b.a.			Title	
Business Address			From	To
Type of Business			Monthly Gross Income	
Prior Occupation			Bus. Phone	
Employer			Supervisor	
Self Employed d.b.a.			Title	
Business Address			From	To
Type of Business			Monthly Gross Income	
REFERENCES				
HOUSING				
Current Address			From	To
Landlord/Agent			Phone	
Address				
Previous Address			From	To
Landlord/Agent			Phone	
Address				
CREDIT				
Bank		<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Acct. No.	
Address			Phone	
Credit Reference		Highest amount owed \$	Acct. No.	
Address			Phone	
Purpose of Credit			Acct. Opened	Closed
PERSONAL REFERENCE				
Name			Phone	
Address			Length of acquaintance	
Nearest Relative			Phone	
Address			Relationship	

Have you ever filed a petition of bankruptcy? _____ Have you ever been evicted from any tenancy or had an eviction notice served on you? _____
 Have you ever willfully and intentionally refused to pay any rent when due? _____ Have you ever been convicted of a misdemeanor or felony other than a traffic or parking violation? _____ Are you a current illegal abuser or addict of a controlled substance? _____ Have you ever been convicted of the illegal manufacture or distribution of a controlled substance? _____
 If yes to any of the above, please indicate date of occurrence: _____

I DECLARE THAT THE FOREGOING IS TRUE AND CORRECT. I AUTHORIZE ITS VERIFICATION AND THE OBTAINING OF A CREDIT REPORT. I agree to pay to the Landlord a non-refundable screening fee of \$45.00. I understand that I am entitled to a copy of any consumer credit report obtained by the Landlord. I further agree that the Landlord may terminate any agreement entered into in reliance on any misrepresentation made above.

Applicant _____ Date _____

Owner/Management Company David C. Morris _____ Phone _____
Re/Max Realty Affiliates

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