

The Lake Erie Landlords Association / American Tenant Screen, Inc.

AUTHORIZATION TO RELEASE INFORMATION

Applicant's full name Social Security Number DOB / / Present Address City State Zip Previous Address City State Zip Drivers License Number State Expiration Date Landlord's Name and Phone Number Employer, Address and Phone Number

Co-Applicant's full name Social Security Number DOB / / Present Address City State Zip Previous Address City State Zip Drivers License Number State Expiration Date Landlord's Name and Phone Number Employer Address and Phone Number

Applicant(s) authorize The Lake Erie Landlords Association (LELA) Member to obtain a Credit Report, Eviction Check, Criminal History Check, Landlord Check, Employer Check, Past Address Check and a Bad Check Report Check on applicant(s).

Information on that report may be used by The Lake Erie Landlords Association Member in recommending or not recommending applicant(s) as tenant(s)

Applicants Signature Date

Co-Applicant Signature Date

I certify that the information provided on this application was completed and signed by applicant(s).

American Tenant Screen Inc. Account # _____

Signature Of Member

Print Name and LELA Member#