

# TENANTS VERIFICATION BUREAU, INC.

TENANT APPLICATION  
941-747-2811/FAX 941-747-0393

\$ 45 1st Person  
\$ 45 each after

MEMBER# 1233  
CONTACT PERSON: \_\_\_\_\_  
PHONE # 778-6066 & FAX# 778-6306  
EMAIL \_\_\_\_\_

DATE: \_\_\_\_\_  
LONG REPORT ( ) OR SHORT REPORT ( )  
REPORT 1 STATEWIDE ( ) OR REPORT 2 COUNTY ( )

CASH or check  
Payable to: ISLAND REAL ESM

## APPLICANT

Name: \_\_\_\_\_  
Maiden Name: \_\_\_\_\_  
SS# \_\_\_\_\_ DOB: \_\_\_\_\_  
Drivers Lic: \_\_\_\_\_ St: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt.# \_\_\_\_\_  
City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home PH.#: \_\_\_\_\_  
Landlord's Name: \_\_\_\_\_  
Landlord's PH.#: \_\_\_\_\_  
Lease started: \_\_\_\_\_ Rent Amt. \_\_\_\_\_

## CO-APPLICANT

Name: \_\_\_\_\_  
Maiden Name: \_\_\_\_\_  
SS# \_\_\_\_\_ DOB \_\_\_\_\_  
Drivers Lic: \_\_\_\_\_ St: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt.# \_\_\_\_\_  
City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home PH.#: \_\_\_\_\_  
Landlord's Name: \_\_\_\_\_  
Landlord's PH.#: \_\_\_\_\_  
Lease started: \_\_\_\_\_ Rent Amt. \_\_\_\_\_

## LIST PREVIOUS ADDRESS

Prior Landlord's Name: \_\_\_\_\_  
Prior Landlord's PH.#: \_\_\_\_\_  
Your Prior Address: \_\_\_\_\_ Apt.: \_\_\_\_\_  
City: \_\_\_\_\_ St.: \_\_\_\_\_ Zip.: \_\_\_\_\_  
Leased: (from) \_\_\_\_\_ (to) \_\_\_\_\_

## LIST PREVIOUS ADDRESS

Prior Landlord's Name: \_\_\_\_\_  
Prior Landlord's PH.#: \_\_\_\_\_  
Your Prior Address: \_\_\_\_\_ Apt.: \_\_\_\_\_  
City: \_\_\_\_\_ St.: \_\_\_\_\_ Zip.: \_\_\_\_\_  
Leased: (from) \_\_\_\_\_ (to) \_\_\_\_\_

## CURRENT EMPLOYMENT

Employer: \_\_\_\_\_  
Phone # \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
How long on job: \_\_\_\_\_ Salary: Mo. \_\_\_\_\_ Year: \_\_\_\_\_

## CURRENT EMPLOYMENT

Employer: \_\_\_\_\_  
Phone # \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
How long on job: \_\_\_\_\_ Salary: Mo. \_\_\_\_\_ Year: \_\_\_\_\_

### AUTHORIZATION FOR VERIFICATION OF INFORMATION FOR CREDIT REPORT, PUBLIC RECORD, RENTAL OR LEASE HISTORY AND EMPLOYMENT VERIFICATION

I agree to hold harmless, Tenants Verification Bureau, Inc. and all providers of information on the prospective tenant(s) stated above. In the event that the information provided by me (us) is found to be misleading or false, my acceptance for this rental, lease or purchase, whether determination is made before or after my date of occupancy, may be affected.  
I do hereby authorize with my (our) signature, the release of public records, credit report, rental or lease information and employment verification, whether by fax, verbal, photo copy or original signature, to: Tenants Verification Bureau, Inc., and all its members now and in the future.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
DATE: \_\_\_\_\_ SIGNATURE:(CO-APPLICANT) \_\_\_\_\_

IRE office use only:  
Check here when applicant was paid  initials \_\_\_\_\_  
Payment Method \_\_\_\_\_  
Do NOT fax  
Until applicant  
has paid.