

2 (if different from applicant # 1)

Present Address _____

City/Town _____ State _____ Zip Code _____

Current Phone Number _____

Do You Own Your Own Home? Yes _____ No _____

Amount of Mortgage _____

If Not,

Present Landlord _____ Phone # _____

Length of Tenancy _____ Monthly Rent _____

Previous Address _____

City/Town _____ State _____ Zip Code _____

Street Applying For _____

EMAIL ADDRESS _____

Make of Home _____ Dimensions _____

Date of Entry _____

Purchase Price of Home _____ Downpayment _____

Amount Financed _____

Bank Financing Mortgage _____

Monthly Payments _____

Applicant # 1

Present Employer _____

Phone # _____ Occupation _____

Length of Employment _____ Dept./Foreman _____

Salary _____

Applicant # 2

Present Employer _____

Phone # _____ Occupation _____

Length of Employment _____ Dept./Foreman _____

Salary _____

Automobile(s)

Applicant # 1

Make & Year _____ Reg. # _____

Car Loan Yes _____ No _____ Amount Due _____

Applicant # 2

Make & Year _____ Reg. # _____

Car Loan Yes _____ No _____ Amount Due _____

Have You Filed Bankruptcy In The Past Ten Years?

Applicant # 1 Yes___ No___

Applicant # 2 Yes___ No___

Have you ever been evicted for non-payment of rent?

Applicant # 1 Yes___ No___

Applicant # 2 Yes___ No___

Any Pets? Yes___ No___ **No dogs allowed**

Please describe_____

Any Assistance Animals?_____

IN CASE OF PERSONAL EMERGENCY, NOTIFY:

Applicant # 1

Relationship_____

Full Address_____

Home Phone:_____ Cell Phone:_____

Applicant # 2

Relationship_____

Full Address_____

Home Phone:_____ Cell Phone:_____

I AUTHORIZE MANAGEMENT TO OBTAIN MY CONSUMER CREDIT REPORT
AND CONTACT PREVIOUS LANDLORDS.

Signature Of All Adults

Credit Clearing House
56 North Main St., Suite #224, Fall River, Mass. 02720
Voice (508) 675-1111 Fax: (508) 679-4999

National Toll Free Customer Service: Voice 1 800 316 2455 Fax 1 800 440 2045 Fax

Information Request Form/Facsimile Cover Sheet

This facsimile transmission contains confidential and / or privileged information, intended only for the addressee named below. If you are not the intended addressee, please note that any disclosure, copying, distribution or use of this faxed information is prohibited. If you receive this facsimile in error, please notify us at 1-800-316-2455 so that we can arrange to retrieve the original document without cost. Member agrees that this request for information is in accordance with and subject to the "Agreement for Service" which was signed between the member and the Credit Clearing House.

Information being requested on:

1st Subject

Name: _____
First Middle Init. Last Birth date

Notes:

SS # _____

Street : _____ Apt. # _____ Combo ? _____

City _____ State _____ Zip _____

Criminal ? _____

Eviction ? _____

\$ _____
Application fee

* Signature of subject

Is this a husband and wife Joint report ? _____

Notes:

2nd Subject

Name: _____
First Middle Init. Last Birth date

SS # _____

Street : _____ Apt. # _____ Combo ? _____

City _____ State _____ Zip _____

Criminal ? _____

Eviction ? _____

\$ _____
Application fee

X Signature of subject

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Progress Realty
281A Broadway, Lawrence, MA 01841
Tel.: (978) 685-8186 Fax: (978) 688-0110

Member's Signature (Must be signed)

Date

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The above information is all we need to deliver a report. **IT MUST BE COMPLETE INCLUDING ZIP CODE.** You can fax a request to us 24 hours per day. If received after business hours, we will fax the reports to you the following morning before 9 AM. Please print or type clearly with black ink. Colored inks (blue, red, etc.) reproduce poorly when printed by a fax machine.

Over, Please