

Jackson Area Landlords Association
Trans Union Consumer Credit Reporting Service
RESELLER SERVICE AGREEMENT CHECKLIST
Small Apartment Rental/Individual Home Owner

Dear Subscriber:

The service provided by JALA is for tenant screening only. The following information is needed to verify that you are using these services in conjunction with the rental property business and for a permissible purpose (Tenant Screening). Please provide all the information requested below so that we may process your application in the most expeditious manner.

If you are a large apartment rental corporation or a management company running reports on tenants for your clients units, please request the Large Apartment Rental Corporation Agreement by contacting our Office Manager at (517) 782-4384 or for any other questions you might have.

1. Provide a copy of at least **one** of the following personal ID documents:

- (a) ___ Driver's License
- (b) ___ State ID Card
- (c) ___ Checking Account information.

2. Provide a copy of **one** of the following *for each property to be rented*:

- (a) ___ County Tax Assessor's Bill *
- (b) ___ Escrow/Closing Statement

The document obtained to satisfy this provision must be dated within the last 12 calendar months, must show the address of the rental property, and must show the name of the prospective customer.

3. Provide a copy of **one** of the following *for each property to be rented*: *

- (a) ___ Deed
- (b) ___ Public Record verification
- (c) ___ Property Insurance
- (d) ___ Utility Bill
- (e) ___ Flood Certification
- (f) ___ Title Insurance

The documents used to satisfy this provision must be dated within the last 12 calendar months, must show the address of the rental property, and must show the name of the prospective customer (property owner)

The most easily obtained verification document is the utility bill. However, on single family rentals where utilities are in the name of the tenant, a copy of the property insurance policy would be the next most desirable.

* Contact the JALA office if you need further clarification.

Jackson Area Landlords Association (JALA)

761 W Michigan Ave Ste K
Jackson, MI 49201
(517) 782-4384



Trans Union Consumer Credit Reporting Service Membership Application

Company Name: _____

Doing Business As: _____

Contact Name: _____

Title: _____

Company Main Phone: _____ Answering Service ___Yes ___No

Physical Address:

Street	City	State	County	Zip
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Billing Address (If different):

Street/PO Box	City	State	County	Zip
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Nature of Business: _____ Date Established: _____

Are you engaged in the underwriting of insurance? ___Yes ___No

Are you a company licensed or providing service as an attorney or detective/investigative agency? ___Yes ___No
If yes, indicate which: _____

Do you/your company intend to resell or release information from the consumer credit report to a third party?
___Yes ___No

Do you or your company provide credit repair or credit counseling services for a fee? ___Yes ___No

Jackson Area Landlords Association

Trans Union Consumer Credit Reporting Service Membership Application

Complete for Individual, Sole Proprietor or Partnership (Circle which):

Owner Name: _____

Resident Address: _____
Street City State County Zip

Social Security #: _____

Signature: _____

Owner Name: _____

Resident Address: _____
Street City State County Zip

Social Security #: _____ Signature: _____

Certification

I certify that the information provided on this application is true. I understand by the signature below, that you have my permission to pull a personal credit report on owners of this company in connection with approval of this application.

Signature: _____

Date: _____

Print Name: _____

Title: _____

Jackson Area Landlords Association
Trans Union Consumer Credit Reporting Service
Membership Application

Property Addresses
(Attach multiple sheets as required)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____