

**Landlord Protection Service**  
**Credit Check Authorization Form**

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**Office Use Only**

(800) 525-1988  
Fax: (800) 834-5454

CLIENT: SIMMONS REAL ESTATE  
PHONE: (530) 753-5638

ACCOUNT: 93115  
FAX: (530) 753-4002

ORDER REQUESTOR:

TRUST     JMS RENTALS     GLENWOODARMS     SHADYGARDEN     SIMMONS

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**REFERENCE:** \_\_\_\_\_  
**(PROPERTY ADDRESS)**

By execution of this application, I hereby authorize Landlord Protection Service to run an Employment and Credit Report, and to check for Criminal Records.

**LAST NAME:** \_\_\_\_\_

**FIRST NAME:** \_\_\_\_\_

**SOCIAL SECURITY#:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**CURRENT ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

**PREVIOUS ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

IN ORDER TO COMPLY WITH THE CREDIT REPORTING ACT, THE APPLICANT MUST READ AND SIGN THIS FORM BELOW. ORIGINAL SIGNATURE ON THIS FORM IS MANDATORY.

In compliance with the Fair Credit Reporting Act, we are informing you that information as to your character and general reputation will be verified. I, as the applicant, represent that the facts set forth on this document are true and complete. I, as the applicant, agree that a complete investigation of all the information on this document will not constitute an invasion of privacy. I authorize Landlord Protection Service to obtain a credit report pertaining to me. Landlord Protection Service has my permission to release information found in this screening process.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

**APPLICANT PHONE #** \_\_\_\_\_