



140 West End Ave - Suite 17J - NYC, NY 10023
www.credentialresearchers.com

Tel 212-873-8290 / 866-873-8290 toll free
Fax 212-873-2769 / 917-441-6785

LEASE _____ PURCHASE _____ (PLEASE CHECK ONE)

APARTMENT DATA		
Building Address:	Apt #:	Monthly Rent:
Today's Date:	Lease Date:	Lease Term:
APPLICANT NAME		
First Name:	Middle:	Last: DOB (optional):
Telephone-Work:	Home:	Social Security No:
Tenant:	Co-Tenant(s):	
Guarantor:	Co-Guarantor(s):	
OTHER OCCUPANTS	RELATIONSHIP	AGE
1.		
2.		
Do you have pets: Yes ___ No ___	Please Specify:	
Emergency Contact:	Phone:	
RESIDENTIAL HISTORY		
Current Address:	Apt:	
City:	State:	Zip:
Length of Time:	Landlord/Mortgage Holder:	
Landlord Telephone:	Monthly Payment:	
COMPLETE IF CURRENT ADDRESS IS LESS THAN TWO YEARS		
Address:	Apt:	
City:	State:	Zip:
Length of time:	Landlord/Mortgage Holder:	
Landlord Telephone:	Monthly Payment:	
EMPLOYMENT INFORMATION*		
Employer:	How Long:	
Employer's Address:		
Human Resources/Supervisor:	Telephone:	
Position Held:	Annual Income:	Bonus:



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COMPLETE IF CURRENT EMPLOYMENT IS LESS THAN TWO YEARS

Employer:		How Long:
Employer's Address:		
Human Resources/Supervisor:	Telephone:	
Position Held:	Annual Income:	Bonus:

ADDITIONAL INFORMATION

Interest, Dividends, Real Estate, Etc:

FINANCIAL INFORMATION

Bank:		
Branch Address:		
Bank Officer:	Bank Telephone:	
Account Number:	Checking ___ Savings ___ Securities ___ (Please check appropriate a/c)	
Bank:		
Branch Address:		
Bank Officer:	Bank Telephone:	
Account Number:	Checking ___ Savings ___ Securities ___ (Please check appropriate a/c)	

REFERENCES

Attorney (If applicable):	Telephone:
Accountant (If applicable):	Telephone:

I hereby authorize The Credential Researchers, Ltd., the Leasing Manager and landlord for building to obtain a consumer credit report on me and to verify any information on this application with regard to my employment history, current and prior tenancies and all other information that the management company deems pertinent to my obtaining residency and to release such information to the owner/landlord/agent set forth above. Information contained in the following report is strictly confidential, may not be divulged to the subject of this report, nor to any other person and is intended for the exclusive use of its inquirer. This report contains information compiled from sources believed to be reliable but the accuracy of which cannot be guaranteed. The inquirer agrees to hold all information contained herein in strict confidence and The Credential Researchers Ltd. shall not be held liable for any damages arising out of any improper use of this information.

Processing Fee: _____ Date: _____ Signature: _____

***Please note: If your company will verify employment and salary only through one of the automated systems (which charge about \$15.00 per minute) please obtain the verification yourself and fax it to us.**



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AUTHORIZATION TO RELEASE RECORDS

LANDLORD:

TO: _____
(Company Name) (Contact/Title)

(Phone Number) (Fax Number)

EMPLOYER:

TO: _____
(Company Name) (Contact/Title)

(Phone Number) (Fax Number)

BANK:

TO: _____
(Bank Name) (Contact/Title)

(Phone Number) (Fax Number)

ACCOUNTANT: (if applicable i.e. if self-employed or have income in addition to your salary, etc.)

TO: _____
(Name) (Phone)

ATTORNEY: (if applicable)

(Name) (Phone)

I authorize the above referenced individuals and/or institutions to verify any and all requested information and, when necessary, to provide written backup to the Credential Researchers, Ltd.

Applicant Name: _____
(Please Print)

Applicant Signature: _____

Please Note: To expedite your application process, please fill in the above information and advise these parties that The Credential Researchers, Ltd. will be contacting them. Please indicate the importance of a prompt response. Thank you.



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Credit Card Authorization

Property

Application # _____

(For internal use only)

Applicant(s): _____

Property Name/Owner/Manager: _____

Property Address: _____

City: _____ State: _____ Apartment/Unit: _____

Terms: The name that will appear on your credit card statement is *'The Credential Researchers, Ltd'*. An administrative surcharge of \$20.00 will be imposed on any transaction that is not successfully charged to the credit card described below. The credit checking fee is non-refundable.

Check one: Visa MasterCard (VISA OR MASTERCARD ONLY)

Credit Card Number: _____

Expiration Date: _____ 3 Digit Security Code: _____ (From the back of the card)

Cardholder's Name: _____

Email: _____

Cardholder Billing Address

Street: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Card Issuer

Phone: _____ (From the back of the card)

Amount: \$ _____

I hereby authorize ***The Credential Researchers Ltd*** to charge my credit card as described above for tenant screening services to be rendered pursuant to an application for tenancy at the property described above.

Cardholder's Signature

Date