

SCREENING REQUIRED INFORMATION

ONE SCREENING REQUIRED FORM FOR EACH ADULT APPLICANT

All information **MUST** be complete. Failure to do so will Delay and or Reject your screening process

PLEASE PRINT

DO NOT USE NICK NAMES

1. LAST _____ FIRST _____ MIDDLE _____

MAIDEN NAME _____ OTHER NAMES USED _____

SOCIAL SEC # _____ DOB _____ PHONE # _____

MUST SHOW 3 YEARS OF PAST ADDRESS HISTORY

(use back of form if needed)

2. PRESENT ADDRESS _____ APT _____ CITY _____

COUNTY _____ STATE _____ HOW LONG? YEARS _____ MONTHS _____

LANDLORD NAME _____ PHONE # _____

ADDRESS _____

3. PREVIOUS ADDRESS _____ APT _____ CITY _____

COUNTY _____ STATE _____ HOW LONG? YEARS _____ MONTHS _____

LANDLORD NAME _____ PHONE # _____

ADDRESS _____

4. PREVIOUS ADDRESS _____ APT _____ CITY _____

COUNTY _____ STATE _____ HOW LONG? YEARS _____ MONTHS _____

LANDLORD NAME _____ PHONE # _____

ADDRESS _____

5. EMPLOYER NAME _____

Rate of Pay \$ _____ PER _____ # HOURS PER PAY CYCLE _____ TIPS/COMMISSION _____
WEEKLY/BI-WEEKLY/MONTHLY

6. OTHER SOURCE OF INCOME FROM _____
(SS, SSI SSD, PENSION, ANNUITIES, WORKERS COMP, UNEMPLOYMENT, CONTRIBUTIONS, ETC.)

SIGNATURE _____ DATE _____

INTERVIEWED BY _____ COMPLEX _____