



CREDIT CENTRAL, INC.

RELEASE AUTHORIZATION

Gentlemen:

I authorize you to release the information requested by Credit Central, Inc. Since approval of my application may depend on your information, I would appreciate your **prompt reply**.

Thank you.

(Signature of Applicant)

(Signature of Co-Applicant)

Form 119 8/80



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Form 119 8/80



MEMBER OF
CREDIT CENTRAL, INC.

APPLICATION FOR RESIDENCY
(PLEASE PRINT OR TYPE)
PLEASE COMPLETE ALL SECTIONS

FOR OFFICE USE ONLY:
 VERBAL
 TYPEWRITTEN
 HANDWRITTEN

DATE:	APPLICATION FOR RESIDENCY AT:	DATE OCCUPANCY DESIRED:
APPLICANT: LAST FIRST MIDDLE	JR <input type="checkbox"/> SR <input type="checkbox"/> 3rd <input type="checkbox"/> 4th	DATE OF BIRTH
CO-APPLICANT: NAME	SOCIAL SECURITY NO. <input type="checkbox"/> SPOUSE <input type="checkbox"/> RELATIVE <input type="checkbox"/> NON-RELATED	NOTE: IF CO-APPLICANT COMPLETE REVERSE SIDE
OTHERS TO LIVE AT RENTED PREMISES		
NAME	DATE OF BIRTH	NAME

* NOTE: ONLY THOSE LISTED ABOVE WILL BE ALLOWED TO RESIDE AT RENTED PREMISES

APPLICANT

YOUR COMPLETE ADDRESS: <input type="checkbox"/> RENT <input type="checkbox"/> BUYING <input type="checkbox"/> OWN	STREET NO. TELEPHONE NO.	CITY	STATE	ZIP	APT. NO.	LENGTH OF TIME HERE
COMPLETE NAME OF LANDLORD OR MORTGAGE HOLDER	ACCOUNT NO.	TELEPHONE NO. MONTHLY PAYMENTS.				
ADDRESS OF LANDLORD OR MORTGAGE HOLDER	REASON FOR LEAVING:					
YOUR PREVIOUS ADDRESS: <input type="checkbox"/> RENT <input type="checkbox"/> BUYING <input type="checkbox"/> OWN	STREET NO. COMPLETE NAME OF LANDLORD OR MORTGAGE HOLDER	CITY	STATE	ZIP	APT. NO.	LENGTH OF TIME HERE
ADDRESS OF LANDLORD OR MORTGAGE HOLDER	REASON FOR LEAVING:	TELEPHONE NO. MONTHLY PAYMENT.				

WE MUST HAVE YOUR ADDRESSES FOR THE LAST TWO YEARS. IF NECESSARY, USE REVERSE SIDE. BE SURE TO LIST COMPLETE PREVIOUS ADDRESS - LENGTH OF TIME THERE - NAME & ADDRESS OF MORTGAGE HOLDER OR LANDLORD - TELEPHONE NUMBER FOR LANDLORD OR MORTGAGE HOLDER - AMOUNT OF MONTHLY PAYMENT & REASON FOR LEAVING.

EMPLOYED BY:	LENGTH OF TIME HERE
ADDRESS OF EMPLOYMENT:	TELEPHONE NO.
POSITION:	SALARY: WEEK <input type="checkbox"/> YEAR <input type="checkbox"/> MONTH <input type="checkbox"/> BADGE OR EMPLOYMENT NO. <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME
NAME OF SUPERVISOR:	LENGTH OF TIME HERE
PREVIOUS EMPLOYER:	POSITION:
ADDRESS OF PREVIOUS EMPLOYER:	TELEPHONE NO.
NAME OF SUPERVISOR:	SALARY: WEEK <input type="checkbox"/> YEAR <input type="checkbox"/> MONTH <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMP <input type="checkbox"/> FULL TIME
AMOUNT AND SOURCE OF OTHER INCOME:	BADGE OR EMPLOYMENT NO.

CREDIT

CHECKING ACCOUNT	NAME OF BANK OR OTHER CREDIT	LOCATION	ACCOUNT NUMBER	MONTHLY PAYMENT
SAVINGS ACCOUNT				
AUTO OR TRUCK LOAN				
OTHER CREDIT				
MAKE OF AUTO OR TRUCK:	YEAR	COLOR	LICENSE PLATE NO.	STATE ISSUED.
PERSON NOT LIVING AT SAME ADDRESS TO CONTACT IN CASE OF EMERGENCY				
ADDRESS: YOUR DRIVERS LICENSE NO. TELEPHONE NUMBER: STATE ISSUED:				
HAVE YOU OR ANYONE LISTED ON THIS APPLICATION BEEN: 1. EVICTED FROM RESIDENTIAL OR BUSINESS PROPERTY <input type="checkbox"/> YES <input type="checkbox"/> NO 2. CONVICTED OF A FELONY <input type="checkbox"/> YES <input type="checkbox"/> NO				
IF ANSWER IS "YES" TO QUESTION ON ABOVE LINE, EXPLAIN: (USE SEPARATE SHEET IF NECESSARY)				

The information above is provided for the purpose of an application for residency. I certify that the information is correct, and if I do not truthfully provide all information as requested, I understand this can be sufficient reason for rejection of this application. I understand the consumer report fee of \$ is not refundable (whether my application is accepted or not), and completion of this application does not guarantee residency. I authorize Credit Central, Inc. to prepare a report to be used as a factor in processing this application, and in compliance with "The Fair Credit Reporting Act", I am aware that this report may contain information as to my character, general reputation, personal characteristics, and mode of living. Information may be obtained from employers, landlords, banks, creditors, neighbors, friends or others with whom I am acquainted. I understand I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this information.

FOR OFFICE USE ONLY	
RENTAL AGENT TYPE:	CCI MEMBER NO. MONTHLY RENT \$ SECURITY DEPOSIT \$ APPLICATION FEE \$
UNIT:	DATE OF LEASE: TERM OF LEASE:
LEASE:	TOTAL AMT. DUE \$
OCCUPANCY DATE:	AMOUNT PAID \$
APT. NO. BLDG. NO.	BALANCE DUE \$

Signature of Applicant

Signature of Co-Applicant

