

Westside Credit Services Tenant Screening Application

1020 Wilshire Blvd. Santa Monica Ca 90401

Phone: 310-576-1443 Fax: 888-938-1116

Email: reports@westsidecreditreports.com

Applicant Information (one applicant per application)
Applicant Name:
Applicant Phone Number:
Westside Rentals Username:
SSN:
Date of Birth:
Current ResidenceAddress:
City, State, Zip:
Approx. Monthly Income:

Landlord Information
Compliant Landlord:
Landlord Phone:
Landlord Fax or Email:
Property Address:
City, State, Zip:
Monthly Rent of the Property:

<u>Tenant Screening Product:</u>	<u>Refers to the Applicant not the Landlord!!</u>		<u>Please Indicate</u>
	<u>Member</u>	<u>Non-member</u>	
Trans Union Credit Check/ Scorecard	FREE!!!	\$10	
SuperBundle:(BEST VALUE) Trans Union Credit Check + National Criminal and Sex Offender Search + Eviction Search	\$25 PER PERSON (MEMBER OR NON-MEMBER)		

Signed release in order to verify credit (must be signed)

Applicant represents that statements made are true and correct and here by authorizes verification of references to include but not limited to credit checks, unlawful detainer checks & criminal searches and agrees to furnish additional credit references on request.

I authorize verification of the information contained herein solely for the purpose of establishing my qualifications as a tenant. I release anyone verifying such information or providing information, from liability. I understand that incomplete or incorrect information provided in the application, may cause a delay in processing and can result in denial of tenancy. Fees are non-refundable.

Applicant Signature:	Date:
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Name (as it appears on card): _____

Billing Address: _____ Zip Code: _____

Credit Card #: _____ Exp: _____

Tenant Screening Applications are to be submitted by the LANDLORD ONLY. Please make sure all info is filled out, the product you are ordering is indicated and that this application is signed by the applicant!