ATTENTION: OI	NLY	ONE	APPLICANT	PFR	FORM
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INFORMATION VERIFICATION AGREEMENT

For and in consideration of the promises and covenants contained herein, the parties hereby agree as follows:

- 2. Applicant authorizes the Owner, his employees, agents or representatives to make any and all inquiries necessary to varity the information provided herein, including but not limited to, direct contact with Applicant's employer, past employers, landlord, prior landlords, credit, credit bureau, neighbors, police agencies and any and all other sources of information which the Owner may deem necessary and appropriate within his sole discretion.
- 3. The Application represents to the Owner that all the information provided for herein is true, accurate and complete to the best of Applicant's knowledge and further, agrees that if any such information is not as represented, then Applicant may, at the Owners sole discretion, be disqualified as a tenant.
- 4. The Applicant provides the following information to the Owner: fee least & collection purposes.

	APPLICANT		Dog		
	SSNAPPROX	XIMATE AGE			
	DRIVERS LICENSE STATE	D.L. NUMBER _	EXPIRATION		
	CORREST TELEPHONE NUMBER ()	_ IS THIS YOUR TELEPHONE: YES OR NO		
	IF NOT WHOSE TELEPHONE IS IT?				
	CURRENT ADDRESS: NUMBER	STREET	APT NO		
		STATE _	ZIP CODE		
	YOUR TELEPHONE NUMBER ()				
	NAME OF OWNER OR MANAGER _				
	LETELHONE NOMBER ()				
	WHERE DO YOU PAY RENT: NUMBI	ER	STREET		
	MHEN DID AON WOAE INS	RENT PAID NO	W \$		
			WE CALL YOUR LANDLORD/MANAGER? YES OF	R NO	
	DO YOU PAY YOUR RENT? ON TIME	YES OR NO	HAVE YOU BEEN ASKED TO LEAVE? YES OF		
	WHY ARE YOU MOVING?				
١.	PREVIOUS ADDRESS: NUMBER	STREET _	APT.NO.		
	Q111	STATE	ZIP CODE		
	NAME OF OWNER OR MANAGER				
	TELEVISIONE NOWDER ()				
	ADDRESS WHERE YOU PAID RENT:	NUMBER	STREET		
	CITT	_ STATE	ZIP CODE		
	WHAT RENT DID YOU PAY?	WH	IEN DID YOU MOVE IN?		
	MUEIS WITH MARK DID ACCUMONE O	UT?			
	OID TOO GIVE NOTICE! YES OR	NO	WERE YOU ASKED TO LEAVE? YES OF	. NO	
	DID YOU PAY YOUR RENT ON TIME				
1	PREVIOUS ADDRESS: NUMBER	STREET _	APT.NO.		
	CIT	STATE	ZIP CODE		
	NAME OF OWNER OR APARTMENT	COMPLEX			
	TELEPHONE NUMBER ()				
	ADDRESS WHERE YOU PAID YOUR I	RENT: NUMBER	STREET		
	CHY	STATE	ZIP CODE		
	WHAT RENT DID YOU PAY?		EN DID YOU MOVE IN?		
	MULTIN WAS AND AND ASS MOVE OF	ur?			
-	DID YOU GIVE NOTICE? YES OR	NO	WERE YOU ASKED TO LEAVE? YES OR NO		
	DO YOU PAY YOUR RENT ON TIME:) VCC 00 NO			