

CRIMINAL REPORT APPLICATION

Send reply to: APARTMENT TENANT SCREENING OF AMERICA
1401 N RUE
PHONE: 636-946-9200 FAX: 636-946-5400

By signing this Authorization form you have given your permission to have a Criminal Report run on yourself. This report will be returned to the Landlord where you applied for a rental.

LANDLORD #: _____ DATE

APPLICANT: _____

PRINT YOUR NAME: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

SPOUSE NAME: _____

PRINT SPOUSE NAME: _____

SPOUSE SOCIAL SECURITY #: _____

SPOUSE DATE OF BIRTH: _____

Applicant signature

Applicant signature

Landlord Signature

Date