

REALTOR® ASSOCIATION CREDIT CHECK
Credit Report Authorization Form

The undersigned hereby authorizes the REALTOR® office specified below to run a credit report. **I understand that the report will be obtained solely for the purpose of tenant screening.** In the event of an adverse action based on the credit report, I may request a copy of the credit report from TransUnion at 800-916-8800 or on the web at www.tuc.com.

***TENANT INFORMATION** (An asterisk (*) notes a **required** field.)

*Name: _____ *SSN: _____
Please print: First Middle Last

*Name: _____ *SSN: _____
Please print: First Middle Last

***CURRENT ADDRESS**

*Address: _____

*City _____ *State _____ *Zip _____

PREVIOUS ADDRESS (If less than one year at current address)

Address: _____

City _____ State _____ Zip _____

*Prospective Tenant Signature _____

*Prospective Tenant Signature _____

REALTOR® OFFICE INFORMATION

The undersigned agrees to retain this authorization for a minimum of three (3) years from the date of inquiry.

*Office _____ Office # _____ Fax # _____

*Agent Name _____ Agent # _____

*Authorization signature _____ Date _____

Reno/Sparks Association of REALTORS® processes credit reports between 4:00 p.m. and 5:00 p.m. Monday – Friday. Please fax this completed form to 823-8805 before 4:00 p.m. for same day report. Broker must have a subscription to this service. Reports cannot be processed for yourself, family members or other RSAR® members. If you have any questions call 823-8800.

For Office Use Only

Circle one: Individual 800 Joint 8010

Invoice Number _____

Invoice Date _____

Staff Initials _____