CoreLogic* SafeRent*

Tel: 800-877-1223 / 407-331-4150 Fax: 800-788-0457/ 407-831-0457

VERIFICATION REQUEST

AUTHORIZATION TO RELEASE INFORMATION: I hereby authorize all third parties indicated on my application to furnish the information requested below to CoreLogic SafeRent. I release all third parties, their officers, agents and employees from any and all liability associated with such disclosure of the requested information.

Applicant Name:	Social Security Number:
	Date:
TO: (COMPANY)	
Attn: Date:	Phone #: Fax #
The applicant identified above has applied with our client: applicant listed you as a reference. Please fill in the "Third Party" information requested below that applies to you and return to the attention of yia fax at (800) 788-0457. If you have any questions, please call us at (800) 877-1223 or (407) 331-4150, Ext.	
EMPLOYMENT CURRENT PREVIOUS (COMPLETED BY THIRD PARTY EMPLOYER ONLY)	
Does SSN match?Applicant's Position:	BOTH 26000 - 05 - 07-07-07-1700 - 1/0000 - 15 - 07700 001000 110000 110000 110000 110000 110000 110000 110000
	urs Worked Per Week: Annual Salary: \$
	Start Date: End Date:
	e: Date:
(Please print)	
RESIDENCY CURRENT PREVIOUS (COMPLETED BY THIRD PARTY LANDLORD ONLY) Does SSN match? Applicant's Address:	
Leaseholder Name(s):	Move-in Date: Expiration Date:
	o. Rent Paid: Is Rent Paid W/in 5 Days of Due Date:
	# Bad Checks Last 12 Mo Skipped:
	icted:Reason:
Outstanding Balance Owed: Amount & Reason Why:	
Notice Given:Length Required:Security Depo	osit: \$Refunded:If Not, Why:
# Occupants: Pets: Additional Info:	
Verified by:Titl	e:Date:
(Please print)	
BANK VERIFICATION (COMPLETED BY THIRD PARTY BANK ONLY)	
Date Opened: Average Balan	ce: \$
Is Account in Good Standing:	
Verified by:Ti	tle: Date:
(Please print)	

Verification Request V10-2003