



Longview
an Ithacare Community

Longview Independent Living Tenant Financial Screening Disclosure & Release Information

Applicant's Name _____ Date _____

Social Security # _____

1) INCOME:

Please provide current statement or copies of checks received.

INCOME (Gross)	<u>Source</u>	<u>Monthly Amount</u>
Wages	_____	_____
Social Security	_____	_____
Other Sources	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

2) ASSETS:

Please provide current statements for the following:

	<u>Financial Institution</u>	<u>Account Number</u>	<u>Principal Balance</u>
Checking	_____	_____	_____
Savings	_____	_____	_____
Other	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

I affirm under penalty of perjury that information provided on this form is true and accurate to the best of my knowledge and belief. Furthermore, I authorize Longview to obtain and verify information given. Longview agrees to maintain this information in Strict Confidence.

Signed: _____ Date: _____

In connection with my tenant application with you, I understand that consumer reports which may contain public information may be requested from Longview. These tenant screening reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records.

I AUTHORIZE WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to Longview, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information.

I hereby authorize procurement of consumer report(s). If approved as a tenant, this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my contract period.

Print Name

Social Security No.

Maiden/Other Names Used

Driver's License Number and State

Current Address (Street)

City, State, Zip Code

Date of Birth

Signature

Date