



Resident Reporting Form

PO Box 5404 ♦ Lincoln, NE 68505-0404
FAX: (800) 962-4325 or (402) 933-9928
PHONE: (800) 228-1837 or (402) 934-0088

Client Name: _____ Account #: _____

Resident Information

Name: _____
Last Generation First Middle

SSN: _____ DL#/State: _____ / _____ Date of Birth: _____

Employment Information

Employer: _____ Phone: _____

Address: _____
Street City State Zip

Leased Address

_____ Street Apt # City State Zip

Move-in Information

Moved In: _____ Lease Expires: _____ Rent Amt: _____ Deposit Amt: _____

Move-out Information

Moved Out: _____ Amt. Refunded: _____ Amt. Past Due: _____

(Check all the boxes that apply →)

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| <ul style="list-style-type: none"> 1. <input type="checkbox"/> Would rent to again. 2. <input type="checkbox"/> Would NOT rent to again. 3. <input type="checkbox"/> Met or exceeded all lease requirements. 4. <input type="checkbox"/> The account is satisfactory. 5. <input type="checkbox"/> Failed to maintain property in a clean condition. 6. <input type="checkbox"/> Failed to surrender property in a clean condition. 7. <input type="checkbox"/> Damage over and above normal wear and tear. 8. <input type="checkbox"/> Failed to pay utility charges. 9. <input type="checkbox"/> Utilities were disconnected due to non-payment. 10. <input type="checkbox"/> Resident was evicted. 11. <input type="checkbox"/> Eviction notice given for non-payment of rent. 12. <input type="checkbox"/> Eviction notice given for lease violation. 13. <input type="checkbox"/> Resident voluntarily left property after eviction notice. 14. <input type="checkbox"/> Eviction proceedings were commenced. | <ul style="list-style-type: none"> 15. <input type="checkbox"/> Resident skipped without written notice. 16. <input type="checkbox"/> Proper notice was not given to vacate. 17. _____ Noise complaints in the last _____ months. 18. <input type="checkbox"/> Maintained pets without consent. 19. <input type="checkbox"/> Sublet property / increase occupancy w/out consent. 20. <input type="checkbox"/> Has unpaid account balance: 21. <input type="checkbox"/> Amount turned over for collection: \$ _____ 22. <input type="checkbox"/> Collection agency name: _____ 23. _____ Late rent payments in the last _____ months. 24. <input type="checkbox"/> Issued NSF check more than once. 25. Deposit refunded: <input type="checkbox"/> full <input type="checkbox"/> partial <input type="checkbox"/> none <p>Comments: _____</p> <p>_____</p> <p><input type="checkbox"/> More comments on the back (50 words maximum)</p> |
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Acknowledging that Tenant Data Services, Inc. ("Tenant Data") will rely on this information, I hereby certify that all of the information provided herein is accurate, current and complete, and that I have used due diligence to ensure the accuracy and completeness of the information furnished herein. I further certify that if I learn or discover that any information previously provided was not complete or accurate, than I will immediately notify Tenant Data and provide it with the correct information. I certify that I have complied with the Fair Credit Report Act in compiling this information and reporting it to Tenant Data. I hereby authorize the release of this information to Tenant Data to be included in consumer reports.

Signed: _____ Printed: _____ Date: _____

*This form can be filled out electronically. Call Tenant Data at (402) 476-3181 or (800) 228-1837 for more information.
Always keep a copy of this completed form for your records.*