

**JAZ Management, LLC**  
4060 Peachtree Road D287  
Atlanta, GA 30319  
T: 770-993-8850  
F: 770-993-8857



**CREDIT VERIFICATION CONSENT FORM**

I hereby authorize **JAZ Management, LLC.** to order a credit report on my behalf.

NAME:

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ADDRESS:

---

CITY/STATE:

---

DATE OF BIRTH:

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SSN:

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SIGNATURE:

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DATE:

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EMPLOYER:

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ADDRESS:

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TELEPHONE:

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PURPOSE OF CREDIT REPORT: **PROSPECTIVE TENANT**

**CREDIT REPORT REQUESTED BY:** \_\_\_\_\_

Your Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ How Long at this Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Assets**

**Liabilities**

Cash on hand in banks	\$	Notes payable to banks secured	\$
US Gov. Securities	\$	Notes payable to banks unsecured	\$
Listed Securities - Current Market Value	\$	Notes payable to relatives	\$
Unlisted Securities	\$	Notes payable to others	\$
Accounts and notes receivable due from friends & relatives	\$	Accounts and bills due	\$
Accounts and notes receivable due from others – (good)	\$	Unpaid Income Tax	\$
Accounts and notes receivable due from others – (doubtful)	\$	Other Unpaid Taxes & Interest	\$
Market value of your home	\$	Real estate mortgage payable – Your home	\$
Other real estate owned	\$	Real estate mortgage payable – other property	\$
Real estate mortgage receivable	\$	Chattel mortgage and other liens payable	\$
Automobile and other personal property	\$	Other debts – itemized	\$
Life Insurance – Cash Value	\$		\$
Other Assets – Itemize	\$		\$
	\$		\$
<b>Total Assets</b>	\$	<b>Total Liabilities</b>	\$
		<b>Net Worth</b> (assets minus liabilities)	\$

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TENANT INFORMATION**

NAME OF FIRM:

ADDRESS:

CITY, STATE, ZIP:

PHONE:

NAME OF INDIVIDUAL:

HOME ADDRESS:

HOME PHONE:

SOCIAL SECURITY NUMBER:

TAX I.D. NUMBER:

The following information must be provided. It will be held in strictest confidence.

OWNERSHIP: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_

PLEASE PROVIDE NAME OF PRINCIPALS, POSITION, ADDRESS AND PHONE:

IN CASE OF EMERGENCY whom should we contact? (Besides yourself or employees):

PERSONAL REFERENCES: (Name and Phone Number):

(1) \_\_\_\_\_

(2) \_\_\_\_\_

BANK:

BANK ADDRESS:

BANK PHONE NUMBER:

REFERENCE AT BANK:

I/WE CERTIFY THAT ALL THE INFORMATION ON THIS FORM IS CORRECT.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_