

## BACKGROUND SCREENING QUESTIONNAIRE

Please fill in every line and print clearly

<b>Full Name:</b>						Expected Move In Date:
Alias (First, Middle, Last):						
Home Phone:		Cell Phone:		Work Phone:		
Current Street Address		Apt. #	City		State	Zip
Move In Date:						
Current Landlord Name		Landlord Phone	Landlord Fax	Monthly Rent	Reason for Moving	
Previous Street Address #1		Apt. #	City		State	Zip
Move In Date:						
Landlord Name		Landlord Phone	Landlord Fax	Monthly Rent	Reason for Moving	
Previous Street Address #2		Apt. #	City		State	Zip
Move In Date:						
Landlord Name		Landlord Phone	Landlord Fax	Monthly Rent	Reason for Moving	
<b>Household Information:</b> List all persons who wish to reside in your unit, beginning with yourself.						F/T Student?
Last Name	First Name	Middle Initial	Social Security #	Date of Birth	Drivers License #	
						Y or N
						Y or N
						Y or N
						Y or N
						Y or N
						Y or N
						Y or N
						Y or N
						Y or N
<b>Sources of Income:</b> This includes, but is not limited to, full and part-time employment, self-employment, Social Security or SSI, child support or alimony, public assistance such as TANF, GAU, FIP, ADATSA, unemployment benefits, Labor & Industries, disability benefits, military pay & benefits, pension, annuity, retirement fund, insurance policy payments, death benefits, Veteran's benefits, regular money received from family, church, friends.						
Employer / Company Name			Monthly Earnings	Start Date	Phone Number:	
Street Address			City	State	Fax Number	
Source of Other Income	Address of Agency/Person Providing Income		City	State	Zip	Monthly Income
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