

Lease
update
renewal

CUSTOMER NUMBER _____

DATE _____

TENANT INFORMATION FORM

I / We Bowie Leidy, prospective
tenant(s) / buyer(s) for the property located at 94 S. Highland Ave #2701, Tarpon Springs, FL
Owned By: _____

Managed By: _____

Hereby allow TENANT CHECK LLC and or the property owner / manager to inquire into my / our credit file, criminal, and rental history as well as any other personal record, to obtain information for use in processing of this application. I / we understand that on my / our credit file it will appear the TENANT CHECK LLC has made an inquiry. I / we cannot claim any invasion of privacy or any other claim that may arise against TENANT CHECK LLC now or in the future.

PLEASE PRINT CLEARLY

TENANT INFORMATION:

SINGLE MARRIED _____

SOCIAL SECURITY #: 302-78-8900

FULL NAME: Bowie Leidy

DATE OF BIRTH: 7/10/1981

DRIVER LICENSE #: 6300066812500

CURRENT ADDRESS: 94 S. Highland Ave

HOW LONG? 1 yr

LANDLORD & PHONE: Susan & Alan Correia

PREVIOUS ADDRESS: 12233 Bishop Blvd Dr
Tampa, FL 33626 HOW LONG? 3.5 years

EMPLOYER: ESL Inc

OCCUPATION: Software Engineer

GROSS MONTHLY INCOME: \$13,980

LENGTH OF EMPLOYMENT: 4 years

WORK PHONE NUMBER: _____

HAVE YOU EVER BEEN ARRESTED?
(CIRCLE ONE) YES NO

HAVE YOU EVER BEEN EVICTED?
(CIRCLE ONE) YES NO

SIGNATURE: Bowie Leidy

PHONE NUMBER: 7274206033

SPOUSE / ROOMMATE:

SINGLE MARRIED _____

SOCIAL SECURITY #: _____

FULL NAME: _____

DATE OF BIRTH: _____

DRIVER LICENSE #: _____

CURRENT ADDRESS: _____

HOW LONG? _____

LANDLORD & PHONE: _____

PREVIOUS ADDRESS: _____

HOW LONG? _____

EMPLOYER: _____

OCCUPATION: _____

GROSS MONTHLY INCOME: _____

LENGTH OF EMPLOYMENT: _____

WORK PHONE NUMBER: _____

HAVE YOU EVER BEEN ARRESTED?
(CIRCLE ONE) YES NO

HAVE YOU EVER BEEN EVICTED?
(CIRCLE ONE) YES NO

SIGNATURE: _____

PHONE NUMBER: _____

IF THE WRONG SOCIAL SECURITY NUMBER IS SUBMITTED, A
SECOND APPLICATION FEE WILL BE CHARGED TO RE-PULL THE
REPORT.

A CREDIT REPORTING SERVICE PROVIDING CREDIT REPORTS FOR
REALTORS / PROPERTY MANAGERS / APARTMENT COMPLEXES /
MOBILE HOME PARKS / CONDOMINIUM ASSOCIATIONS / EMPLOYERS

TENANT CHECK HOURS OF OPERATION:
MONDAY - FRIDAY: 9:00 a.m. - 5:30 p.m.
SATURDAY: 11:00 a.m. - 4:00 p.m.
ALL ORDERS RECEIVED AFTER 4:30 p.m. (3:00 p.m. on Sat.) WILL BE PROCESSED THE
NEXT BUSINESS DAY

TENANT CHECK FAX #: (727) 942-6843

FEDERAL LAW REQUIRES THE END USER TO MAINTAIN THIS FORM FOR A PERIOD OF FIVE YEARS (tenant check application rev. 01/2013)

EMPLOYMENT INQUIRY FORM

APPLICANT
Please Print

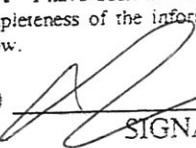
APPLICANT
Read Carefully and Sign

EMPLOYER
Please Print

NAME: LAST <u>Leidy</u> FIRST <u>Bonnie</u> MIDDLE <u>Frank</u>			
CURRENT ADDRESS: <u>945 Highland Ave # 2001</u>			
CITY: <u>Tampa</u>	STATE: <u>FL</u>	ZIP CODE: <u>346089</u>	COUNTY: <u>Pinellas</u>
SOCIAL SECURITY NUMBER: <u>302788966</u>		SEX: <u>M</u>	DATE OF BIRTH: <u>7/10/81</u>
DRIVERS LICENSE NUMBER: <u>1300066812500</u>		STATE OF ISSUE: <u>FL</u>	
PREVIOUS ADDRESS: (5 year history) <u>12233 Bishopsford Ave</u>			
STREET ADDRESS:			
CITY: <u>Tampa</u>	STATE: <u>FL</u>	ZIP CODE: <u>33626</u>	COUNTY: <u>Hillsborough</u>

AUTHORIZATION TO RELEASE CRIMINAL HISTORY INFORMATION REPORTS, PRIVATE COMPANIES' DISHONESTY, DRUG OFFENSE, OR VIOLENCE REPORTS, OR CREDIT BUREAU REPORTS. For and in consideration of my being considered for employment, I hereby authorize the Company designated below ("Employer") to make inquiries through Tenant Check ("TCK"), a consumer reporting agency, concerning my employment suitability and qualification; including: (i) any public record of any convictions for crimes of violence or dishonesty; (ii) any incidents of employment dishonesty, retail theft, or other employment related acts of dishonesty, violence or drug related offenses reported to TCK by any merchant or employer where such acts occurred; or (iii) any credit bureau reports. I further authorize any governmental agency where such conviction information is on file, or any company ("Prior Company") where such incident or credit transaction occurred, and TCK to disseminate such report(s) to Employer. During any period(s) while I may be employed by Employer, I hereby authorize Employer to make further like inquiries to TCK as Employer may from time to time, deem necessary for employment purposes. I also hereby authorize TCK any such governments agency, any such credit bureau and any such Prior Company to issue such reports in response to Employers inquiry(ies). I waive any further notice with respect to Employer's inquiries or with respect to such governmental agency's, such Prior Company's, such credit bureau's or TCK's dissemination of any such report(s). I hereby generally release and fully discharge TCK every such governments agency, every such credit bureau, and every such Prior Company from and against any and all liability with respect to, or arising from, the release or dissemination of any such information for such purposes. I understand and agree that my employment, promotion, or retention may be determined, in whole or in part, based on the report(s) so issued to Employer by TCK. I have been informed and I understand that I may obtain a copy of such report and that I may dispute the accuracy or completeness of the information reported to Employer by writing or calling TCK at the address or telephone numbers listed below.

(X)


SIGNATURE OF APPLICANT

4/15/25
DATE SIGNED

EMPLOYER NAME:	CUSTOMER NUMBER:	
ADDRESS:		
CITY:	STATE:	ZIP CODE:
TELEPHONE NUMBER:	FAX NUMBER:	

AUTHORIZED EMPLOYER REPRESENTATIVE: (LAST, FIRST)

Company's Certification: Company hereby certifies to Tenant Check ("TCK") that it is requesting a consumer credit report(s) on the applicant named above and that Company will use that report(s) for employment