



**CREDIT CHECK FORM**

NAME: \_\_\_\_\_

CURRENT ADDRESS:

STREET: \_\_\_\_\_

CITY \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SSN: \_\_\_\_\_

**EMPLOYMENT**

NAME OF EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

2016 GROSS INCOME:\$ \_\_\_\_\_

2017 GROSS INCOME:\$ \_\_\_\_\_

PENSION AND/OR 401K: \_\_\_\_\_

OTHER SOURCES OF INCOME(PLEASE SPECIFY): \_\_\_\_\_ \$ \_\_\_\_\_

Upon signing this form, you agree that all information stated above is accurate to the best of your knowledge and consent to a credit and employment verification.

X \_\_\_\_\_  
please sign and print name

DATE: \_\_\_\_\_