



## CLIENT PROFILE QUESTIONNAIRE

### CONTACT INFORMATION

Name:

Phone #:

Alternate Phone #:

E-mail Address:

Preferred Method of Contact:

What is the best time to Contact you? (Please Check)

- Morning     Afternoon     Evening     Night

What days should I schedule our appointments for showings?

What are you looking for? (Please Check)

- Rental     Purchase

Price Range:

What will you be ready to move? (Please Check)

- Immediately     15 Days     30 Days     Near Future

Do you have any pets? (Please Check)

- Yes     No

If yes, Please describe your pet. (Type of animal, size, weight)

What locations and type of property did you have in mind?

Where are you currently?

What is the important thing you are looking for in a realtor?

Company Name / Requestor: \_\_\_\_\_

Fax: \_\_\_\_\_

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

## AUTHORIZATION FOR RELEASE OF INFORMATION

I, the legal undersigned, having been duly sworn under oath, state that this is my voluntary, lawful AFFIDAVIT and REQUEST FOR RELAEASE of information. In connection with any employment opportunity (including contract for services), I authorize Premium Credit Bureau and/or Eric Davis and his respective agents, to solicit information about my background including, but not limited to information regarding any criminal history, employment history and income, licenses, consumer credit history, driving record and general public record history. I also authorize the procurement of an investigative consumer report. I understand that such an investigative consumer report may contain information about my background, mode of living, character and personal reputation; and I am entitled to be advised of the nature and scope of the investigation requested within a reasonable time after I ask for this information in writing.

I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or Insurance Company contacted by Premium Credit Bureau and/or Eric Davis or its agent(s), to release any information on record. Furthermore, I release Premium Credit Bureau and/or Eric Davis, its respective employees and agents of said cities, municipalities, and the Division of Police thereof, and all person agencies, and entities providing information or reports about me from any and all liabilities arising out of the release of any such information.

If ordering Credit Report\*, APPLICANT must sign this Release: SIGNATURE: \_\_\_\_\_

## CONTACT INFORMATION

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

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

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

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Sex: \_\_\_\_\_

Race: (Optional) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Driver's License #: \_\_\_\_\_

State of Issue: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_

State \_\_\_\_\_

Zip Code: \_\_\_\_\_

Previous Address (if available): \_\_\_\_\_

City: \_\_\_\_\_

State \_\_\_\_\_

Zip Code: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTICE: if you are requesting a Georgia Statewide Criminal Search, you must have this form signed and notarized in space provided.**

Notary Signature: \_\_\_\_\_ Date: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

Credit Application for: (Please Check)

Date:

Sale     Rental

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Unit No.:    Building No.:    Number of Occupants:    Term of lease Starting:    Ending:

Applicant's Full Name:

Phone #:

Marital Status: (Please Check)

Date of Birth:

Social Security #:

Married     Single     Divorced

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

### RESIDENCE REFERENCE

Current Address:

City:

State:

Zip Code:

How Long?

Landlord's Name:

Phone #:

Previous Address:

City:

State:

Zip Code:

How Long?

Landlord's Name:

Phone #:

### EMPLOYMENT REFERENCE

Current Employer:

How Long?

Address:

Phone #:

Position:

Supervisor:

\$ \_\_\_\_\_ Per week

Previous Employer:

How Long?

Address:

Phone #:

Position:

Supervisor:

\$ \_\_\_\_\_ Per week

### BANK REFERENCE

Name of Bank:

How Long?

Address:

Phone #:

Contact:

Account #:

\_\_\_\_\_

### CREDIT REFERENCE

Name:

Account #:

\_\_\_\_\_

Name:

Account #:

\_\_\_\_\_

### ADDITIONAL SOURCE OF INCOME

Source #1:

Amount \$:

\_\_\_\_\_

Can be verified by:

Phone #:

\_\_\_\_\_

Source #2:

Amount \$:

\_\_\_\_\_

Can be verified by:

Phone #:

\_\_\_\_\_

### PERSONAL REFERENCE

Name:

Relationship:

\_\_\_\_\_

Address:

Phone #:

\_\_\_\_\_

Name:

Relationship:

\_\_\_\_\_

Address:

Phone #:

\_\_\_\_\_

### AUTOMOBILE INFORMATION

Make of Car #1:

Model:

Year:

Color:

Tag #:

State:

\_\_\_\_\_

Driver License #:

State:

\_\_\_\_\_

Make of Car #2:

Model:

Year:

Color:

Tag #:

State:

\_\_\_\_\_

Driver License #:

State:

\_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

## SPOUSE INFORMATION

Spouse Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Position: \_\_\_\_\_ Approx. Income (Per Week): \_\_\_\_\_

## OTHER OCCUPANTS

Name:	Relationship:	Age:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## READ CAREFULLY BEFORE SIGNING

*The undersigned Purchaser(s) or Lessee(s) agree(s) to be bound by the terms of the Rules and Regulations which I (we) acknowledge as having been received and read, and that any violation of same will be penalized according to the regulations of the Condominium Association. In the Case of a lease a violation may be considered as default and grounds for eviction. It is further acknowledge that a personal reference and credit investigation will be conducted. The findings of which will be the basis for the approval or rejection of the Sale or Lease. An Appearance before the screening committee will be necessary for final approval. Written approval must be obtained prior to occupying or moving belongings into the apartment. Any falsification or misrepresentation of facts herein will result in automatic rejection of this application.*

*I (we) authorize verification of this information.*

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

Approved       Disapproved

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_