

Neptune City Housing Authority
 Tel: (732) 988-2450 • Fax: (732) 774-1587
Applicant Screening Authorization Form
Applicant Information

Last Name	First Name	M.I.		
Date of Birth / /	Social Security Number - -	E-mail Address		
Current Street Address	City	State	Zip Code	Length of Residence _ months
Previous Street Address	City	State	Zip Code	Length of Residence _ months
Current Employer	Position	Length of Employment _____months	Salary Per Month Per Year	

Co-Applicant Information

Last Name	First Name	M.I.		
Date of Birth / /	Social Security Number - -	E-mail Address		
Current Street Address	City	State	Zip Code	Length of Residence _ months
Previous Street Address	City	State	Zip Code	Length of Residence _ months
Current Employer	Position	Length of Employment _____months	Salary Per month: _____ Year: _____	

Applicant Signature(s)

By signing below, I/We authorize that the above information is correct and complete and hereby authorize Landlord to obtain information it deems desirable in the processing of my application, including credit reports, civil or criminal actions, rental history, employment/salary details, police and vehicle records, and any other relevant information. If I rent the unit, I understand the information on this form may be maintained in a tenant database for up to 5 (five) years after I vacate the premises.

Applicant: **X** _____ Date: _____

Co-Applicant: **X** _____ Date: _____

OFFICE USE ONLY

NTN Access Number: _____ Address/Unit Applied for: _____ Month/ Rent Amount for unit applicant will be \$ _____

Submit above Information to **NTN**