

REPORT REQUEST FORM

Specialized Services Program

Client/Customer Account Number: _____ Name of Requestor: _____

Client/Customer Name: Genesis – River Stone I: 713.953.0808 Fax: 713.952.3972
 Address: 9700 Richmond, Ste. 160, Houston, Texas 77042

Return Options: Fax Back Mail Back _____ Rush _____ (Additional Charge)

(Please select either package **OR** A-la-Carte products)

Packages:

- Rent Checkers Package (includes credit report, evictions, OFAC and authentication report)
 Rent Checkers PLUS Package (includes above and multi-state criminal and sex offender data)

A-la-Carte Products:

- Full Credit Report with Authentication and OFAC Criminal and Sex Offender Records Only
 Eviction Report Only Additional Criminal Search
 County _____
 State Wide _____

Manual Reference Checks:

- Landlord Reference Check Employment Reference Check

(Applicant please include complete City, State, and Zip Code) PRINT ONLY:

Applicant's Full Legal Name: _____

Phone: _____ DOB: (required) _____ SSN: _____ - _____ - _____

Current Address: _____

CITY ST ZIP

Current Landlord's Name/Phone Number: _____

Former Address: _____

Employer Name/Phone Number: _____

(If joint report, please give co-applicant information)

Co-Applicant's Full Legal Name: _____

Phone: _____ DOB: (required) _____ SSN: _____ - _____ - _____

Current Address: _____

CITY ST ZIP

Current Landlord's Name/Phone Number: _____

Former Address: _____

Employer Name/Phone Number: _____

I authorize _____ to obtain a copy of any/all consumer reports requested above.
 (Name of Company)

 Applicant's Signature

 Date

 Co-Applicant's Signature

 Date