

How to Use the Applicant Screening Authorization form

This is ABSOLUTELY the ONLY form we will accept for running credit/background checks on your applicants and it MUST be completely, correctly and neatly filled out. Only APPLICANTS may sign on the applicant signature line.

1. Applicant fills in their name, first, middle and last.
2. Applicant fills in their social security number.
3. Applicant fills in their date of birth.
4. Applicant fills in the combined income of all applying.
5. Applicant fills in their length of employment.
6. Applicant fills in their current address including Zip Code.
7. Applicant fills in date of move in at current address.
8. Applicant fills in their previous address including Zip Code.
9. Applicant fill in date of move in at previous address.
10. Applicant signs ASA form.
11. Member/manager fills in monthly rent for the unit.
12. Member/manager fills in membership name.
13. Member/manager fills in member number.
14. Member/manager fills in manager name.
15. Member/manager fills in name of complex.
16. Member/manager fills in phone number where they can be reached.
17. Member/manager fills in fax number to send completed reports.
18. Member/manager signs ASA form.
19. Member/manager checks which reports they want ordered.
20. Member/manager checks how they want to be contacted with the report.

Remember, we need your COMPLETED/APPROVED Service Agreement to run your report!

Remember, your request may be rejected if this form is not completely filled in! This includes every line, (including City, State and Zip Code).

Make sure your applicants write neatly! If we can't read what they wrote, we will not run it.

Look it over and be sure it is complete and legible before you fax it. Do not e-mail or e-fax this form.

Remember, one form per person or your request will be rejected.

Remember, we need the Membership name or we can't process the request.

About This Form

We require the use of the Applicant Screening Authorization form (ASA) for each credit/background check requested. This form needs to be used every time you want RHAGP to conduct a credit/background check on your applicants. The ASA gives RHAGP the applicant's permission to obtain tenant screening reports. We will not run your report if your request is not on an ASA form. Please also send a copy of the Application to Rent along with the ASA.

The prospective tenant completes and **SIGNS** the upper half of the ASA when they fill out their rental application. The RHAGP member (or the RHAGP member's authorized user) completes the lower half of the ASA. Sign, date, mark which reports to run and how they want us to return the report.

APPLICANT SCREENING AUTHORIZATION FORM 04/08
(please print clearly)

Please remember to have your applicants print neatly to reduce mistakes and typos. All fields (except previous address) are **REQUIRED!** Reports will not be run unless filled out completely.
ONE FORM PER PERSON PLEASE, OR IT WILL BE REJECTED

Applicant Full Name: _____ **1** _____
(first, middle, last)

Social Security Number: _____ **2** _____ Date of Birth: _____ **3** _____

Combined monthly income of all applying: _____ **4** _____ # of months at current position: _____ **5** _____

Current Address: _____ **6** _____ Since: _____ **7** / _____
(street, city, state, zip)

Previous Address: _____ **8** _____ Since: _____ **9** / _____
(street, city, state, zip)

I certify that the above information is correct and complete and hereby authorize you to make inquiries you feel necessary to evaluate my tenancy and credit standing including, but not limited to, a check of my credit. I understand that if I am denied tenancy due to my credit standing, I have the right to dispute the accuracy or completeness of any information in the credit report.

Applicant Signature: _____ **10** _____

Rental Owner
Monthly Rent for Unit (required): _____ **11** _____

Membership Name: _____ **12** _____ Member ID #: _____ **13** _____

Manager's Name: _____ **14** _____ Complex: _____ **15** _____

Phone Number: _____ **16** _____ Fax Number: _____ **17** _____

Reports must be kept in the strictest confidence and must not be disclosed to the applicant. I will not e-mail this form or any other personal, financial or any other sensitive information.

Membership Signature: _____ **18** _____

19 Decision Point
(Only if approved through NTN)

Credit Report

Tenant Performance & Eviction History

Decision Point Plus

Social Security Search

Employment Verification
(Application to rent required)

Landlord Verification
(Application to rent required)

Criminal History in Oregon & Washington – Statewide
(Includes violations through Federal offenses such as sex offender records)

Nation-Wide Criminal Report
(Includes information from 42 states! Excluding: Delaware, Hawaii, Louisiana, Massachusetts, South Dakota West Virginia, Wyoming and Colorado)

Criminal Search in a single county anywhere in the US
(Surcharges could apply; standard processing time is 1-2 weeks.)

20 ***PLEASE INDICATE YOUR PREFERENCE:
Phone ONLY _____ Phone & FAX _____ Phone & MAIL _____ Fax ONLY _____

Fax the completed ASA form and the Application to Rent to the RHAGP office at 503-254-4821 or drop it by our office. We cannot receive the ASA by e-mail. We also cannot send reports back by e-mail or e-fax. This is an FTC (Federal Trade Commission) regulation/law.

The completed ASA will be kept on file in the RHAGP office. You can find this form on our website (www.rhagp.org) or at the RHAGP office. The ASA form is not copyrighted and is free for the use of our members. Please make as many copies as you need.

You are still required to have an Application to Rent signed by the applicant. Each person on the application must sign it. Keep your rental applications, in a locking file cabinet, for 5-10 years whether you rent to them or not. Please send a copy of the Application to Rent with the ASA.

Please only use one form per person, we will not accept forms with information on more than one person.

RHAGP processes reports in the order received. Turnaround time depends greatly on the volume of reports in our office. Allow 24 hours for processing. Please do not call the RHAGP office unless the time has exceeded the 24 hour time frame. We WILL get them to you as soon as we can.