



The Fax Request

LANDLORD ASSOC OF PA
1414 Millard St.
Bethlehem, PA 18018
Tel. (610) 867-8940
Toll Free Tel. (888) 778-2173
Fax (610) 867-8604
Toll Free Fax (888) 329-5279

MEMBERSHIP INFORMATION:

MEMBER NAME: _____

MEMBER NUMBER: _____ **TODAY'S DATE:** _____

PHONE#: _____ **FAX#:** _____

APPLICANT #1:

FULL NAME: _____

SSN: ____ - ____ - ____ **DOB:** ____ / ____ / ____ **DRIVER'S LIC. #** _____
(Driver's license number required for Criminal Record Checks only)

CURRENT ADDRESS: _____

PREVIOUS ADDRESS: _____

INFORMATION REQUESTED: **COMBO:** (CREDIT REPORT / EVICTION REPORT - \$14.99)

EVICTION RPT CREDIT RPT CREDIT SCORE SOCIAL SEARCH TRI-MERGE RPT

 \$6.90 \$10.99 \$1.00 \$5.99 \$22.00

APPLICANT #2:

FULL NAME: _____

SSN: ____ - ____ - ____ **DOB:** ____ / ____ / ____ **DRIVER'S LIC. #** _____
(Driver's license number required for Criminal Record Checks only)

CURRENT ADDRESS: _____

PREVIOUS ADDRESS: _____

INFORMATION REQUESTED: **COMBO:** (CREDIT REPORT / EVICTION REPORT - \$14.99)

EVICTION RPT CREDIT RPT CREDIT SCORE SOCIAL SEARCH TRI-MERGE RPT

 \$6.90 \$10.99 \$1.00 \$5.99 \$22.00

By requesting this information, the member understands that law regulates eviction & credit information and the member must abide by all Fair Credit Reporting Acts. The member agrees that this info is for the sole purpose of granting rental property and for no other purposes. The member also guarantees that they have signed authorization from the applicant permitting the investigation of their rental and credit history. By requesting this info, the member releases the Association from any claim for any loss that may occur to the member through the use of this info. The member agrees to hold the Association harmless for any claims arising out of the info given. All stipulations outlined in the most current member handbook are hereby incorporated by reference and agreed to by the member.