


TENANT SCREENING REPORT REQUEST

RentGrow prepares tenant screening reports for property owners and managers who use the information to make informed rental decisions. *RentGrow does not set the eligibility criteria for renting any apartment and RentGrow does not make any rental decisions*, however each screening report contains information about rental applicants, including information furnished to RentGrow by consumer reporting agencies. **If your rental application was denied, you are encouraged to request a copy of your screening report so you can review it for accuracy.**

INSTRUCTIONS

-  **Save, then complete and return this form to RentGrow. To submit this form through email, you must be using current Adobe® Reader software available at <https://get.adobe.com/reader/> or your information may not be saved.**
- You may only request your own screening report (or as otherwise required by law).
- Please include a **legible copy of your government-issued identification, e.g. Driver's License.**

PERSONAL INFORMATION

Please provide complete and accurate responses, including your full legal name.

First Name:	<input type="text"/>		
Middle Name:	<input type="text"/> <input type="checkbox"/> No Middle name		
Last Name:	<input type="text"/>		
Suffix (SR, JR, III):	<input type="text"/>		
Current Mailing Address:	<input type="text"/>		
Apt/Unit:	<input type="text"/>		
City:	<input type="text"/>		
State:	<input type="text"/>	Zip:	<input type="text"/>
Email:	<input type="text"/>		
<i>To deliver the investigation results more quickly, we will (when possible) send them to you by email. BY PROVIDING YOUR EMAIL ADDRESS you consent to receiving your investigation results and any required disclosures by email.</i>			
If you DO NOT wish to receive investigation results by email, please check here: <input type="radio"/>			
Telephone Number:	<input type="text"/>	Ext:	<input type="text"/>
Social Sec. No. (Last 4):	<input type="text"/>	Date of Birth:	<input type="text"/>

APPLICATION INFORMATION

Please enter the **name of the property** and the **date** you applied for an apartment.

Property Applied to:	<input type="text"/>
Date Applied:	<input type="text"/>

AUTHORIZATION AND ACKNOWLEDGMENT (REQUIRED)

By providing your full name and the last four digits of your Social Security Number, below, you confirm submitting this request on your own behalf and that the information you provided is true and correct. Submit this request, along with a **legible copy of your government-issued identification, e.g. Driver's License**, by one of the following methods:

Email:
information@rentgrow.com

Mail:
RentGrow Consumer Relations
68 Harrison Avenue, Suite 605 #74213
Boston, MA 02111-1929

Fax:
(781) 583-5112

Full Name:

Social Security No. (last 4): Date: