



Welcome    Address History    Sign    Pay    Thank You

## Welcome

Welcome!

Thank you for your interest in one of our properties!

Have you already started? Pick up where you left off.

[Resume Application](#)

### APPLICANT INFO

Please enter your information. Required fields are indicated by an asterisk\*.

Name \*      Date Of Birth \*

First     Middle     Last     

Email \*      SSN \*

Driver's License

Number     ST

[Populate](#)    [Next](#)



Welcome    **Address History**    Sign    Pay    Thank You

### ADDRESS HISTORY

#### CURRENT

Domestic     International

Address \*

|Street

City     ST     Zip

[+ Add Previous Address](#)

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**SIGNATURE (1 OF 3)**

**ELECTRONIC SIGNATURE CONSENT**

As part of the selection process at Your Company Link, the "Company," you will need to consent to a background check electronically. By typing your name, you are consenting to receive any communications (legally required or otherwise) and all changes to such communications electronically. In order to use the website, you must provide at your own expense an Internet connected device that is compatible with the minimum requirements outlined below. You also confirm that your device will meet these specifications and requirements and will permit you to access and retain the communications electronically each time you access and use the website.

**System Requirements to Access Information**

- To receive and view an electronic copy of the Communications you must have the following equipment and software:
- A personal computer or other device which is capable of accessing the Internet. Your access to this page verifies that your system/device meets these requirements.
  - An Internet web browser which is capable of supporting 128-bit SSL encrypted communications, JavaScript, and cookies. Your system or device must have 128-bit SSL encryption software. Your access to this page verifies that your browser and encryption software/device meet these requirements.

**System Requirements to Retain Information**

To retain a copy, you must either have a printer connected to your personal computer or other device or, alternatively, the ability to save a copy through use of printing service or software such as Adobe Acrobat®. If you would like to proceed using paper forms, please contact Your Company Link.

**Withdrawal of Electronic Acceptance of Disclosures and Notices**

You can also contact us to withdraw your consent to receive any future communications electronically, including if the system requirements described above change and you no longer possess the required system. If you withdraw your consent, we will terminate your use of the Tenant Reports website and the services provided through Tenant Reports website.

To ensure that a signature is unique and to safeguard you against unauthorized use of your name, your IP address (96.93.28.145) has been recorded and will be stored along with your electronic signature. Please note that if you wish to submit your Disclosure and Authorization Forms electronically, Tenant Reports requires that you include your social security number or user identification. All of your information will be encrypted and transmitted via our secure website.

I understand that Tenant Reports uses computer technology to ensure that my signed documents are not altered after submission. I agree to allow Tenant Reports to validate my signed documents in this way.

I consent to transacting electronically, including receiving legally required notices electronically.

Type Full Name



**SIGNATURE (3 OF 3)**

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

Your Company Link ("the Company") may obtain information about you from a consumer reporting agency for tenant screening purposes. Thus, you may be the subject of a consumer report and/or an investigative consumer report which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your criminal history, social security trace, employment and education references, credit history, professional licenses and credentials. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for residency is an investigation into your education and/or employment history conducted by ("Agency"). Tenant Reports, 370 Reed Road, Suite 101, Broomall, PA 19008, Phone: (855) 244-2400, Fax: (855) 244-2401, or another outside organization. This Disclosure and Authorization allows the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if approved for residency, throughout the course of your tenancy to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

**Maine, Massachusetts, and New Jersey applicants or residents only:** You have the right to inspect and promptly receive a copy of any investigative consumer report requested by Company by contacting the consumer reporting agency identified above directly.

**ACKNOWLEDGMENT AND AUTHORIZATION**

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of consumer reports and/or investigative consumer reports at any time after receipt of this authorization and, if I am approved for residency, throughout my tenancy. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Tenant Reports, 370 Reed Road, Suite 101, Broomall, PA 19008, Phone: (855) 244-2400, Fax: (855) 244-2401, www.TenantReports.com, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

**California applicants only:** Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California Law.

I understand that by typing my name and the last four digits of my Social Security Number or User ID, and clicking on the "Next" button below, constitutes my electronic signature, dated as of when I click on the "Next" button, and that by doing so:

- I am authorizing Tenant Reports to conduct the background check(s) described above
- I am consenting to use electronic means to sign this form and have read and understand the above disclosure
- I certify I read and understand the Summary Of Your Rights Under The Fair Credit Reporting Act
- I certify I read and understand the Notice Regarding Background Investigation Pursuant To California Law
- I acknowledge I may request a hard copy of this Disclosure and Authorization form after agreeing to the background check electronically by calling Tenant Reports at Phone: (855) 244-2400, Fax: (855) 244-2401.

I acknowledge receipt of this Disclosure and certify that I have read and understand this document

Name:  ID/SSN (last 4):  IP Address: 96.93.28.145

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### PAYMENT


**SUMMARY OF CHARGES**

Application Fee for Jonathan Kent	\$40.00
<b>Total</b>	<b>\$40.00</b>

### PAYMENT INFORMATION

Name on Card \*

Credit Card \*




CVV \*

(location shown to the right)

Expiration

Billing Address \*



[Populate](#) [Next](#)

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# Thank you!

You can download a copy of your Application below:

[Download Application](#)

Please log out when you are finished to protect your information.

[Logout](#)