



Tenant Pre-screen Form

Name:	Date:
Cell:	Time of Call:
Work:	Showing Unit:
Home:	Date of appt:
Move by:	Bedrooms :
How long employed:	Monthly Inc:
Other Income	Child Support
Disability:	Other:
Section 8 holder:	Voucher bed size:
Have any Evictions?	Felonies:
Do you have the 1 st month rent in hand?	Do you have pets:
Do you have transportation?	How many occupants:
What is your reason for moving?	Move-by Date



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