

## TENANT HISTORY "REPORT CARD"

All information exchanged between Call Eleanore Screening Services and its subscribers is to be held confidential. This history information will not be given to any third party and shall be for the exclusive use of Call Eleanore Screening Services and its subscribers.

**Property Name:** \_\_\_\_\_

\*\*Please fill out as much information as possible. "Report Card" must be signed and dated.

Tenant	Co-Tenant/Spouse
Last Name _____	_____
First/Middle Name _____	_____
AKA/Maiden Name _____	_____
SS# _____	SS# _____
DOB _____	DOB _____
Driver's Lic # _____ State _____	Driver's Lic # _____ State _____
Address/City/State/Zip of rental property _____	
Forwarding address (if known) _____	
Previous address _____	

Move In Date _____	Rent Amount \$ _____	
Move Out Date _____	How many on lease/agreement (#) _____	
Eviction Notice? <input type="checkbox"/> Yes <input type="checkbox"/> No	Eviction went through court? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, case # _____	
NSF checks <input type="checkbox"/> Yes <input type="checkbox"/> No	Late notices issued <input type="checkbox"/> Yes <input type="checkbox"/> No	Damages <input type="checkbox"/> Yes <input type="checkbox"/> No
How many (#) _____	How many (#) _____	Amount (\$) _____
Still owing (\$) _____	Rent still owing (\$) _____	(Please describe below)
Deposit Amt (\$) _____	Pets? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pet(s) authorized? <input type="checkbox"/> Yes <input type="checkbox"/> No
Amt Refunded (\$) _____	How many (#) _____	Pet dep amount (\$) _____
	Type _____	Pet probs/damage (list below)

**Damages and/or other Problems/Complaints** (please check those that apply and/or describe below):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Lease broken        | <input type="checkbox"/> Slow pay                  | <input type="checkbox"/> Property left in poor condition |
| <input type="checkbox"/> Insufficient notice | <input type="checkbox"/> Noise complaints          | <input type="checkbox"/> Property damages                |
| <input type="checkbox"/> Skipped             | <input type="checkbox"/> Unauthorized co-residents | <input type="checkbox"/> Drug Activity (describe below)  |
| <input type="checkbox"/> Asked to vacate     | <input type="checkbox"/> Unauthorized pets         | <input type="checkbox"/> Police called                   |
| <input type="checkbox"/> Keys not returned   | <input type="checkbox"/> Unpaid utilities \$ _____ | <input type="checkbox"/> Other (please list below)       |

(Please use this space to describe any of the above or attach a separate sheet if needed) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you re-rent?  Yes  No (Please explain) \_\_\_\_\_

Signature of Property Manager/Owner: \_\_\_\_\_ Date: \_\_\_\_\_

**THANK YOU!**

Call Eleanore Screening Services\* 31217 Pacific Highway South #336 \* Federal Way, WA 98003  
Phone (800) 945-4168 - Fax (800) 945-4178