



NATIONAL TENANT NETWORK

PO Box 1664, Lake Grove, OR 97035  
P: 1.800.228.0989 F: 1.800.340.1116

# MOVE-IN (FORM 1)

## TENANT NAMES:

\_\_\_\_\_  
LAST

\_\_\_\_\_  
LAST

\_\_\_\_\_  
FIRST INITIAL

\_\_\_\_\_  
FIRST INITIAL

\_\_\_\_\_  
SSN

\_\_\_\_\_  
SSN

\_\_\_\_\_  
Drivers License Number

\_\_\_\_\_  
Drivers License Number

## Apartment Applied For:

STREET ADDRESS \_\_\_\_\_ APT# \_\_\_\_\_

CITY – STATE – ZIP: \_\_\_\_\_

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND COMPLETE AND HEREBY AUTHORIZE YOU TO MAKE ANY INQUIRIES YOU FEEL NECESSARY TO EVALUATE MY APPLICATION FOR TENANCY. IF I RENT THE UNIT, I UNDERSTAND THAT THE INFORMATION CONTAINED ON THIS FORM AND RENTAL AGREEMENT MAY BE MAINTAINED IN A TENANT PERFORMANCE DATA BASE FOR UP TO SEVEN (7) YEARS AFTER I VACATE THE PREMISES.

APPLICANT SIGNATURE(S)  
\_\_\_\_\_  
\_\_\_\_\_

CURRENT ADDRESS  
\_\_\_\_\_  
Street Address Apt.#  
\_\_\_\_\_  
City/State/Zip

MANAGERS SIGNATURE

DATE

ACCESS # :

APPLICANT ACCEPTED? YES NO

IF "YES", PLEASE RETURN THIS FORM TO:

National Tenant Network, Inc.  
P.O. Box 1664  
Lake Grove, OR 97035  
P: 1.800.228.0989  
F: 1.800.340.1116

MOVE-IN DATE: \_\_\_\_\_