

# AMS Ties, Inc

Date: \_\_\_\_\_

## Application for Services: Independent Rental Property Owners

**Important:** All information must be completed in its entirety. Please print clearly and legibly to ensure accurate and timely processing.

### Personal Information

I understand that the information provided below will be used for verification of my identity to protect the databases that I am applying for access to:

Full name: \_\_\_\_\_

Phone: (        ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Year of Birth: \_\_\_\_\_

Residential Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ How Long? \_\_\_\_\_ yrs \_\_\_\_\_ mos.

Phone: (        ) \_\_\_\_\_ Fax: (        ) \_\_\_\_\_ Is this a **residential** address?  **Yes**  **No**

Mailing Address (if different from above) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ How Long? \_\_\_\_\_ yrs \_\_\_\_\_ mos.

### Rental Property Information

**Please tell us about your property(s)**

Type of Property: Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Both \_\_\_\_\_ Other (please explain) \_\_\_\_\_

Addresses of Rental Property(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Properties Owned Under a Business Name/Business Entity please provide the following:**

Name of Business: \_\_\_\_\_ Length of time in Business: \_\_\_\_\_ Yrs \_\_\_\_\_ Months

Type of Ownership (indicate one):  Partnership  Sole Owner  Nonprofit  Corporation  LLC

Do you have any other company name(s) or dba?  **Yes**  **No** **If Yes**, please list: \_\_\_\_\_

### Rental Information

**(Please tell us about your property(s))**

Type of Reports you will request (please check all appropriate) :

- Landlord/Tenant Complaints for Eviction/Unlawful Detainer Reports  
 Criminal Background Checks – history of felonies/misdemeanors  
 Employment Verification/Income Verification  
 Credit History Review and Evaluation

Estimated # of Credit Reports you will access monthly: \_\_\_\_\_

Do you have an **Investigation License**?  **Yes**  **No** **If Yes**, please provide a copy with this application.

How will you access the Credit Reports?  **Online**  **Phone/Fax**  **e-mail Request/Return via Fax**  **Mail in Request/Return via mail**

