



4601 LEEDS AVENUE
BALTIMORE, MD 21229-5409

TENANT SCREENING AUTHORIZATION

LANDLORD WILL FAX COMPLETED FORM TO: 800-532-0743 OR

EMAIL: tenant_check@comcast.net

Agent Complete This Portion

Company Name: **Caton Corporation**

Contact Name: **Edward A. Libertini**

Monthly Rent _____

Phone #: **410-247-5800**

Fax #: **443-279-7189**

Please indicate check/s to be done:

Criminal/Eviction

Check Credit Check

PLEASE NOTE: If nothing is indicated all checks will be run and charged to Agent.

PLEASE PRINT CLEARLY TO AVOID DELAYS

Tenant Complete This Portion - Must Have *

*Name: First _____ Middle Int. _____

*Last _____ Suffix: (Jr./Sr.) _____

Maiden Name: _____ *DOB (MM/DD/YYYY) _____

*SS #: _____ - _____ - _____ Total Monthly Income: _____

QUALITY VICTORIAN APARTMENTS

EDWARD LIBERTINI

PROPERTY MANAGER

410-247-5800 Office

443-279-7189 Fax

ED.LIBERTINI@CCGUSA.NET



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Driver's License #: _____ D.L. State: _____

*Address: _____

*City: _____ *State: _____ *Zip Code: _____

Previous address if less than two years

Address: _____ Zip Code: _____

I give my authorization to verify the above information, obtain a credit report, criminal history report.

*Applicant's signature: _____