

CONSUMER CREDIT AUTHORIZATION FORM

DATE:	<u> </u>	
NAME:(last)	(first)	(middle)
CURRENT ADDRESS:		
CITY, STATE & ZIPCODE:		
PREVIOUS ADDRESS:		
CITY, STATE &ZIPCODE:		
DATE OF BIRTH:	SOCIAL SECURITY #:	
I understand and authorize ALCOPS, credit bureau report for Tenant Screen		imer credit information in my
SIGNATURE:		

Return Completed form to:

Genevieve and Marlin Burt American Dream Properties, LLC 15621 W 87th Street Lenexa, KS 66219 Phone: 913-221-4597

Fax: 203-724-4597 americandreamLLC@yahoo.com