All the Facts

2620 Centenary Boulevard Building 2, Suite 210 Shreveport, Louisiana 71104

(318) 222-5676 (866) 401-5676

Date:						
Customer Name: Sherwoo	od Forest Apai	tments P	hone: <u>3</u> :	18 742-5781 Fax:	_318 742-6706_	
Applicant Information:						
(First)	(Middle)		(Maiden)		(Last)	
Date of Birth:/	f Birth:/		Race / Sex:		/	
Social Security Number:			Driver's License Number:			
Current Address:						
(Street Number& Name)		(City)		(State)	(Zip)	
All the Facts to investigate and driving records, exclusions fro information and credit report is for identification purposes of	m Medicare/M or employmer	ledicaid or	GSA excl	usions, traffic convic	tions, civil suit	
		Applicant Signature				
For Office Use Only: Please select from the followi	ng services:					
Credit Report / Employment C	Credit		Yes			
Civil Evictions (Reports Evictions Locally)				No		
Local Criminal Check				No		
Other County and State of Par	rish			No		
Please List (1)	(2) _			(3)		
Driving Record			Yes			
Social Security Number Trace			Yes			