



VGM APARTMENT MANAGEMENT
 601 Kansas St, Apt #1
 Bethalto, IL 62010-1763
 Phone/fax (618) 377-4663
 Email: vgmmanagement@yahoo.com
 Website: vgmmanagement.com

Applicant Screening Verification

Date: _____

Applicant Name _____ Birth Date: _____
 Driver license # _____

Current Address _____
 Landlord Name, _____ Landlord Phone # _____ fax# _____
 Are you related to landlord? _____ Yes _____ NO if yes in what way _____

Applicants Prior Address _____
 Landlord Name, _____ Landlord Phone # _____ fax# _____
 Are you related to landlord? _____ Yes _____ NO if yes in what way? _____

I authorize and request my past and present employers, landlords and references to release any information necessary to VGM Management and/or their agents regarding verification of my application statements as they relate to my qualification for tenancy. ***I authorize VGM Management and/or their agents to obtain a current credit report and release of criminal history and police contact report.*** A photocopy of this application showing my signature shall be as valid as the original. This Application once submitted will become the property of VGM Management.

SIGNED: _____
 (Applicant / Date)

_____ (Agent / Date Received)

This institution is an equal opportunity provider

