

## SCREENING EVALUATION FORM

Name of Applicant:	
Address:	

	<b>Credit</b>	<b>Criminal/Sex Offender</b>	<b>Rental History (LL Verif)</b>
Acceptable per TSP	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Reviewed			

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Management Signature

Date