

Tenant Account Record Reporting Form

Purpose: Report the Close of Tenancy Report Performance of Tenant

Property Name: _____ Acct #: _____

Person Making Report: _____ Phone #: _____

1. List All Lease Holders for this Rental Unit.

Full name: _____	Soc. Sec. # (Mandatory): _____	DOB: _____
Full name: _____	Soc. Sec. # (Mandatory): _____	DOB: _____
Full name: _____	Soc. Sec. # (Mandatory): _____	DOB: _____
Full name: _____	Soc. Sec. # (Mandatory): _____	DOB: _____
Full name: _____	Soc. Sec. # (Mandatory): _____	DOB: _____

2. Address of Rental Premises: _____ Unit # _____

City _____ State _____ Zip: _____

3. Tenant Account Record is for: (Please check all appropriate boxes)

- Move-in Move-out (Satisfactorily) Move-out (Unsatisfactorily)
 Evicted Skipped Damages Payment Made

Move-in Date: _____ Rent: _____

Move-out Date: _____ Last Paid Date: _____

Rent Amnt. Owed: _____

Explanation of Other Amounts: _____

Total Balance Owed: _____

The undersigned represents, warrants, and certifies that the furnished information is accurate and up-to-date to the best of the furnisher's knowledge and affirms that it will fully and unconditionally comply with the FCRA Furnisher Obligations (Appendix B to Part 601 of the Fair Credit Reporting Act (FCRA)). The furnisher has the authority to do so on behalf of the Apartment Community and authorizes Apartment Owners Association (AOA) of California and/or their appointed agent to include this information to authorized parties pursuant to the FCRA. The furnisher will assist AOA in verifying any information provided to resolve a consumer dispute of accuracy or completeness of the information provided.

Printed Name: _____

Signature _____ Date _____

