

**TFPM**  
**3853 Palo Alto Drive**  
**Lafayette, CA 94549**  
**Fax: (925) 283-4725**

**CONSENT TO CREDIT AND REFERENCE CHECK**

I authorize TFPM to obtain information about me from my credit sources, court records, current and previous landlords and employers and personal references.

I authorize my credit sources, credit bureaus, current and previous landlords and employers, and personal references to disclose to TFPM and its representatives such information about me as may be requested.

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date \_\_\_\_\_

Applicant  
Signature \_\_\_\_\_

1. Please FAX this form using the number provided above.
2. Please attach a check made payable to TFPM in the amount of \$30 to cover the cost of securing and processing your credit report.
3. Please MAIL the original form along with your check to the address above.