

**PROPERTY MANAGEMENT REPORT**

*MEMBER INFORMATION*

COMPANY NAME	*DATE REPORTED
PROPERTY LOCATION	PHONE
	FAX
*AUTHORIZED SIGNATURE	

*RENTER INFORMATION*

RENTER	SS#		
STREET	CITY	STATE	ZIP
CURRENT ADDRESS			
STREET	CITY	STATE	ZIP
PREVIOUS ADDRESS			
STREET	CITY	STATE	ZIP

*CO-RENTER INFORMATION*

CO-RENTER	SS#	
LAST	FIRST	MI
CO-RENTER	SS#	
LAST	FIRST	MI

CIRCLE ONE      MOVE IN    UPDATE    MOVE OUT    SKIP    EVICTION

*TYPE (I/J)	*MOVE IN DATE	*MONTHLY RENT \$
LEASE AMOUNT \$	*PAYMENT STATUS \$	
LEASE EXPIRATION DATE		
NSF AMOUNT \$	*BALANCE \$	PAST DUE \$
MOVE OUT DATE	LEASE STATUS	
<b>COMMENTS:</b>		

**Johnstown Credit Bureau, Inc.**  
227 Franklin Street , Suite 306  
Johnstown, PA 15901  
Ph: (814) 535-2513  
Fax: (814) 535-3364

**LANDLORD CHECKLIST**

<input type="checkbox"/>	<b>FAILURE TO PAY RENT AMOUNT - DATE OF LAST PAYMENT ALONG WITH PROOF</b>
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<input type="checkbox"/>	<b>MOVING WITHOUT NOTIFICATION - LAST KNOWN ADDRESS</b>
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<input type="checkbox"/>	<b>DAMAGES - LIST OF DAMAGES ALONG WITH PROOF</b>
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<input type="checkbox"/>	<b>CRIMINAL CONDUCT - LIST OF CHARGES/COMPLAINTS ALONG WITH PROOF</b>
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<input type="checkbox"/>	<b>FAILED TO PAY UTILITIES IN FULL - ATTACH COPIES OF BILLS</b>
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<input type="checkbox"/>	<b>OTHER LEASE VIOLATIONS - INCLUDE LEASE</b>
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