

**Jackson Area Landlords Association**  
**Trans Union Consumer Credit Reporting Service**  
**RESELLER SERVICE AGREEMENT CHECKLIST**  
**Small Apartment Rental/Individual Home Owner**

Dear Subscriber:

The service provided by JALA is for tenant screening only. The following information is needed to verify that you are using these services in conjunction with the rental property business and for a permissible purpose (Tenant Screening). Please provide all the information requested below so that we may process your application in the most expeditious manner.

If you are a large apartment rental corporation or a management company running reports on tenants for your clients units, please request the Large Apartment Rental Corporation Agreement by contacting our Office Manager at (517) 782-4384 or for any other questions you might have.

1. Provide a copy of at least **one** of the following personal ID documents:

- (a) \_\_\_ Driver's License
- (b) \_\_\_ State ID Card
- (c) \_\_\_ Checking Account information.

2. Provide a copy of **one** of the following *for each property to be rented*:

- (a) \_\_\_ County Tax Assessor's Bill \*
- (b) \_\_\_ Escrow/Closing Statement

The document obtained to satisfy this provision must be dated within the last 12 calendar months, must show the address of the rental property, and must show the name of the prospective customer.

3. Provide a copy of **one** of the following *for each property to be rented*: \*

- (a) \_\_\_ Deed
- (b) \_\_\_ Public Record verification
- (c) \_\_\_ Property Insurance
- (d) \_\_\_ Utility Bill
- (e) \_\_\_ Flood Certification
- (f) \_\_\_ Title Insurance

The documents used to satisfy this provision must be dated within the last 12 calendar months, must show the address of the rental property, and must show the name of the prospective customer (property owner)

The most easily obtained verification document is the utility bill. However, on single family rentals where utilities are in the name of the tenant, a copy of the property insurance policy would be the next most desirable.

\* Contact the JALA office if you need further clarification.

# Jackson Area Landlords Association (JALA)

2301 E. Michigan Ave. Ste 140s  
Jackson, MI 49202  
(517) 782-4384



## Trans Union Consumer Credit Reporting Service Membership Application

Company Name: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company Main Phone: \_\_\_\_\_ Answering Service \_\_\_Yes \_\_\_No

Physical Address:

\_\_\_\_\_ Street City State County Zip

Billing Address (If different):

\_\_\_\_\_ Street/PO Box City State County Zip

Nature of Business: \_\_\_\_\_ Date Established: \_\_\_\_\_

Are you engaged in the underwriting of insurance? \_\_\_Yes \_\_\_No

Are you a company licensed or providing service as an attorney or detective/investigative agency? \_\_\_Yes \_\_\_No  
If yes, indicate which: \_\_\_\_\_

Do you/your company intend to resell or release information from the consumer credit report to a third party?  
\_\_\_Yes \_\_\_No

Do you or your company provide credit repair or credit counseling services for a fee? \_\_\_Yes \_\_\_No



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**Membership Application**

**Property Addresses**  
(Attach multiple sheets as required)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_