

TENANT RELEASE AND CONSENT

I/We _____, the undersigned hereby authorize
(Resident/Applicant Name)
All persons or companies in the categories listed below to release without liability,
Information regarding employment, income, assets, and/or deductible expenses to
_____, for purposes of verifying
(Property Name)
information on my/our apartment rental application.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity; employment income and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past, Present & Future Employers	Veterans Administrations
Landlords	State Unemployment Agencies
Public Housing Agencies	Banks and other Financial Institutions
Support and Alimony Providers	The Social Security Administration
Insurance Companies/Providers	Pharmacies
Medical & Dental Providers	Utility Companies
Welfare Agencies	Retirement Systems
Educational Institutions	Child Care Providers

CONDITIONS

I/We agree that a photocopy and or fax of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for fifteen months from the date signed. I/We understand I/We have a right to review this file and correct any information that is incorrect.

Applicant/Resident Signature

Date