

**Authorization
For
Release of Information**

(Must be completed by all household members of 18 years and older)

Consent

I (Applicant/Resident Name), the undersigned hereby authorize all persons or companies in the categories listed below to release, without liability, information regarding employment, income, and/or assets to the Owner or Agent identified below for purposes of verifying information on my apartment rental application.

Information Covered

I understand that, depending on program policies and requirements, previous or current information may be needed. Verification and inquiries that may be requested include, but are not limited to:

Identity and Marital Status	Employment, Income, and Assets
Medical or Child Care Allowances	Credit and Criminal Activity
Resident and Rental Activity	

Group or Individuals That May Be Asked

The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

Past/Present Employers	Welfare Agencies	Previous Landlords (<i>incl.</i>
Veterans Administration	State Unemployment Agencies	<i>Public Housing Agencies</i>)
Retirement System	Courts and Post Offices	Schools & Colleges
Support/Alimony Providers	Social Security Administration	Banks/Other Financial
Medical/Child Care Providers	Credit Providers/Credit Providers	Institutions
Law Enforcement Agencies		

Conditions

I agree that a photocopy 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 one year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

(Applicant/Resident Signature)

(Date)

Property Name: _____

Address: _____

Phone Number: _____

Fax Number: _____