

AUTHORIZATION TO RELEASE INFORMATION

PROPERTY NAME & NUMBER: _____

ADDRESS: _____ CITY/STATE: _____

APPLICANT INFORMATION: (Separate form to be completed by each household member over the age of 18)

FULL NAME: _____

CURRENT ADDRESS: _____ CITY/STATE: _____

PREVIOUS ADDRESS: _____ CITY/STATE: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

DRIVERS LICENSE & STATE: _____

HEIGHT: _____ WEIGHT: _____ RACE: _____ SEX: _____

I hereby authorize any investigator, Site Manager, or other authorized representative, for the purpose of determining eligibility for occupancy at _____ Apartments, bearing this release, or a copy thereof, to obtain any information in your files pertaining to my employment, unemployment, income from benefits such as Social Security supplement (SSI), Veterans Administration (VA checks), Department of Convictions, Civil or Traffic Records, including, but not limited to, Academic Achievement, Attendance, Athletic, Personal History, and Disciplinary Records, Medical Records, and Credit Records.

_____ Apartments has my permission to verify all information listed on this application with the following persons/agencies of the Human Resources Department: A.D.C./C. Support, Social Security Administration, Credit Bureau, Private/City/County Schools, Federal/State Tax Division, Workman’s Compensation Agencies, Sheriff’s Department, Current/Past Landlords, Current/Past Employers, Veterans Administration, Unemployment Agency, Child Support Division, Police Department, Narcotics Division, Banking Institution, Credit Unions, and Utility Companies.

I hereby direct you to release such information upon request of bearer. This release is executed with full knowledge and understanding that the information is for official and confidential use. Consent is granted, to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

This release is valid as long as I am a tenant of the above apartments.

Photo copies of this authorization shall be deemed as valid as the original.

Signed this _____ day of _____, 20 _____.

Site Manager’s Signature

Applicant’s Signature

