

# TENANT RELEASE AND CONSENT

I/We \_\_\_\_\_ the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our apartment rental application. I/we authorized release of information without liability to the owner/manager of the apartment community listed below, and/or the state housing development agency or its service provider.

## INFORMATION COVERED

I/We understand that the previous or current information regarding we/us may be needed. Verifications and inquires that may be requested include but are not limited to: personal identity, student status, employment income, assets, medical, behavioral health or child care allowances. I/We understand that this authorization cannot be used to obtain 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 and Present Employers	County Social Services Agencies	Veterans Administration
Support and Alimony Providers	State Unemployment Agencies	Retirement Systems
Educational Institutions	Social Security Administration	Banks/Financial Institutions
Previous Landlords	Child Care Providers	Community Action Programs
Public Housing Agencies	County Human Services Agencies	3 <sup>rd</sup> Party Background Checks
Medical & Behavioral Health Providers	Law Enforcement Agencies	Addiction Treatment Providers

## CONDITIONS

I/We agree that a photocopy of the authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for the duration of my tenancy. I/We understand that I/We have a right to review this form at any time and to correct any information that is incorrect.

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## SIGNATURES

\_\_\_\_\_  
Applicant/Resident

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co/Applicant/Resident

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adult Member

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adult Member

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Date