



AUTHORIZATION FOR RELEASE OF INFORMATION

Please see the attached verification form. The referenced individual is applying/recertifying for residency at a community that is regulated by a program(s), which requires that we obtain written confirmation of the projected annual gross earnings for the next twelve (12) months of all applicants/residents.

To comply with this regulation, we ask that you complete and return the attached verification via fax or mail at the shown fax number or address on the attached form. The information will be used solely for the determination of residency eligibility according to the program(s) requirements. We appreciate your timely response in completing this verification. If you have any questions regarding the needed information, please contact our Leasing Office at _____.

THIS SECTION TO BE COMPLETED BY APPLICANT/RESIDENT

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release, without liability, information regarding personal identity, criminal history, credit, rental history, student status, employment, unemployment, income, and/or assets to _____ for purposes of verifying information on my/our application/questionnaire.

TERMS AND CONDITIONS

I/We understand that current or previous information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, criminal history, credit, rental history, student status, employment, unemployment, income, and/or assets. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility and/or continued participation as a qualified resident.

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

- Credit Bureaus
- Past and Present Employers
- State Unemployment Agencies
- Current and Previous Landlords
- Public Housing Agencies
- Support and Alimony Providers
- Welfare Agencies
- Educational Institutions
- Social Security Administration
- Child Care Providers
- Veterans Administration
- Retirement Systems
- Banks/Other Financial Institutions
- Law Enforcement Agencies

I/We agree that a photocopy or faxed copy 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 a year and one month from the date signed. I/We understand I/we will review and execute the Tenant Income Certification upon completion of qualification.

SIGNATURE

____/____/____
DATE

SIGNATURE

____/____/____
DATE

