

Authorization to Release Information

To Whom It May Concern:

I, the undersigned do hereby give: _____
(Insert Name of Apartment Community)

permission to request any of the following, but not limited to, information:

Credit History	Police / Criminal History
Residency History	Employment
Banking	Medical Expenses
Assets	Child Care
Child Support	Government Benefits
Pension / Annuities	Stocks / Bonds
Prescription Costs	Real Estate
Any Other Income	Any Other Assets

This Authorization to Release Information is valid to determine my initial and continued eligibility for housing and anytime thereafter as a part of said Apartment Community's quality control purposes. It is understood that the information requested and reported can and will be used to determine my initial and continued eligibility for housing.

Photocopies of this Authorization to Release Information may be used and accepted as original.

Your prompt reply is greatly appreciated.

Authorization Signature

Date

Please print the following:

First Name: _____

Social Security #: _____

Middle Name: _____

Date of Birth: _____

Maiden Name: _____

Previous State of Residence: _____

Last Name: _____

Previous State of Residence: _____

Current Address: _____

Street Address: _____

How did applicant hear about this property?: _____

City, State & Zip: _____