

**TENANT RELEASE AND CONSENT**

I/We \_\_\_\_\_, 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 \_\_\_\_\_ for purposes of verifying information  
(Owner or agent)  
on my/our apartment rental application.

**INFORMATION COVERED**

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to, personal identity; employment, income and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my/our 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 includes, but are not limited to:

- |                                                        |                                  |                                        |
|--------------------------------------------------------|----------------------------------|----------------------------------------|
| Past and Present Employees                             | Welfare Agencies                 | Veterans Administration                |
| Previous Landlords (including Public Housing Agencies) | State Unemployment Agencies      | Retirement Systems                     |
| Support and Alimony Providers                          | Social Security Administration   | Banks and Other Financial Institutions |
|                                                        | Medical and Child Care Providers |                                        |

**CONDITIONS**

I/We 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 a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that is incorrect.

---

**SIGNATURES**

_____ Applicant/Resident	_____ Print Name	_____ Date
_____ Coapplicant/Resident	_____ Print Name	_____ Date
_____ Adult Member	_____ Print Name	_____ Date
_____ Adult Member	_____ Print Name	_____ Date

**NOTE:** THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM," MUST BE PREPARED AND SIGNED SEPARATELY.