

AUTHORIZATION TO RELEASE INFORMATION

APPLICANTS FULL NAME _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

EMAIL ADDRESS _____ **APPLICANT PHONE** _____

PRESENT ADDRESS _____ CITY _____ STATE _____ ZIP _____

PREVIOUS ADDRESS _____ CITY _____ STATE _____ ZIP _____

DRIVERS LICENSE NUMBER _____ STATE _____ EXPIRATION _____

CURRENT LANDLORD _____ LANDLORD PHONE # _____

DO YOU HAVE ANY PREVIOUS EVECTIONS? _____

HOW MANY PEOPLE WILL BE LIVING IN THE UNIT? _____

PLEASE LIST ALL PEOPLE WHO WOULD LIVE IN THE UNIT OTHER THAN APPLICANT:

NAME _____ SOCIAL SECURITY # _____

NAME _____ SOCIAL SECURITY # _____

NAME _____ SOCIAL SECURITY # _____

EMPLOYER NAME _____ EMPLOYER PHONE _____

EMPLOYER ADDRESS _____

HOW LONG HAVE YOU HAD THIS POSITION? _____ MONTHLY INCOME _____

APPLICANT SIGNATURE _____ **DATE** _____

APPLICANT(S) AUTHORIZE APARTMENT MANAGEMENT TO OBTAIN A CREDIT REPORT, EVICTION CHECK, CRIMINAL HISTORY CHECK, LANDLORD CHECK, EMPLOYER CHECK, BAD CHECK REPORT CHECK AND ANY OTHER INFORMATION NESSESARY TO CHECK THE BACKGROUND OF APPLICANT(S)

INFORMATION AQUIRED THROUGH THESE REPORTS MAY BE USED BY MANAGEMENT IN RECOMENDING OR NOT RECOMENDING APPLICANT(S) AS LEASEE