(YOUR COMPANY LETTERHEAD)

TENANT RELEASE AND CONSENT

I/We		_, the undersigned hereby
authorize		
	, t	o release without liability,
information (employer or other s	ource)	
regarding my/our employment, ir	ncome, and/or assets to	,
		(owner or agent)
for purposes of verifying informa	tion provided as part of my/our apartn	nent rental application.
INFORMATION COVERED		
inquiries that may be requested incl medical or child care allowances. I/	ous or current information regarding me/us ude, but are not limited to: personal ident We understand that this authorization car my eligibility for and continued participation	tity; employment, income, and assets; anot be used to obtain any information
GROUPS OR INDIVIDUALS	THAT MAY BE ASKED	
The groups or individuals th to:	at may be asked to release the above info	ormation include, but are not limited
Past and Present Employers Previous Landlords (including Public Housing Agencies) Support and Alimony Providers	Welfare Agencies State Unemployment Agencies Social Security Administration Medical and Child Care Providers	Veterans Administration Retirement Systems Banks and other Financial Institutions

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 I/we can prove is incorrect.

SIGNATURES

Head of Household	(Print Name)	Date		
Spouse	(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.