Conzemius Property Management 13815 Point Douglas Dr. So. Hastings, MN 55033 651-330-0142/ Fax 651-319-0553

TENANT RELEASE AND CONSENT

I/We		, the undersigned herby authorize
		, to release without liability,
information (employer or ot	ther source) regarding my/our e	mployment, income, and/or assets to
information provided as per	t of my/our apartment routal or	, (owner or agent) for purposes of verifying
information provided as par	t of my/our apartment rental ap	pilication.
INFORMATION COVERED		
requested include, but are not lim	ited to: personal identity; employment, a cannot be used to obtain any informat	g me/us may be needed. Verifications and inquires that may be income, and assets; medical or child care allowances. I/We ion about me/us that is not pertinent to my eligibility for and
GROUPS OR INDIVIDUALS TI	HAT MAY BE ASKED	
The groups or individuals	s that may be asked to release the abov	re information include, but are not limited to:
Past and Present Employer	Welfare Agencies	Veterans Administration
Previous Landlords (including	State Unemployment Agencies	Retirement Systems
Public Housing Agencies)	Social Security Administration	Banks and other Financial Institutions
Support and Alimony Providers	Medical and Child Care Providers	
CONDITIONS		
	r and one month from the date signed.	for the purposes stated above. The original of this authorization is on I/We understand I/we have a right to review this file and correct any
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.