

**TENANT RELEASE AND CONSENT**

I/We \_\_\_\_\_, the undersigned hereby authorize \_\_\_\_\_, to release without liability, information (employer or other source) regarding my/our employment, income, and/or assets to \_\_\_\_\_, (owner or agent) for purposes of verifying information provided as part of my/our apartment rental application.

**INFORMATION COVERED**

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquires 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 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 include, but are not limited to:

Past and Present Employer	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 I/we can prove is incorrect.

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**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.**