

**PROPERTY NAME:** \_\_\_\_\_ **RELEASE AND CONSENT**

**PROPERTY ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**Resident Name:** \_\_\_\_\_ **Unit #:** \_\_\_\_\_

**A SEPARATE FORM MUST BE SIGNED FOR EACH HOUSEHOLD MEMBER 18 AND OVER**

I, the undersigned, authorize all representatives from the agencies or companies listed below to release information about employment, income and/or assets to the apartment community listed above for the purpose of verifying information on my apartment rental application and other affidavits and certification documents. I understand that information regarding me may include, but is not necessarily limited to: personal identity, student status, employment, household composition, employment, income, assets, criminal, credit and rental history. I understand that this authorization cannot be used to obtain information about me that is not pertinent to my eligibility for and continued residency at the above named apartment community.

I authorize release of information without liability to the owner/manager of the apartment community listed above.

I agree that the above named organization may conduct computer matching programs with other governmental agencies including federal, state, tribal, or local agencies. The government agencies include: U.S. Office of Personnel Management; U.S. Social Security Administration; U.S. Department of Defense; U.S. Postal Service; State Employment Security Agencies; and State Welfare and Food Stamp Agencies. The match will verify information supplied by the family.

I agree that a photocopy or facsimile of the original may be used for the purposes stated above and that the original consent form will be kept on file in the office. The authorization will be in effect and valid for one year and one month from the date signed. I understand that I have a right to review this file and correct any information that is incorrect.

The groups or individuals that may be asked to release the above information include, but are not limited to: a.) Past and Present Employers, b.) Welfare Agencies, c.) Veteran's Administration, d.) Support and Alimony Providers, e.) State Unemployment Agencies, f.) Retirement Systems, g.) Educational Institutions, h.) Social Security Administrations, i.) Banks and Other Financial Institutions, j.) Previous Landlords, k.) Public Housing Authorities.

\_\_\_\_\_  
Signature of Applicant/Resident                      Print Name of Applicant/Resident                      Date

**NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency if the United States as to any matter within its jurisdiction.**

