

AUTHORIZATION AND RELEASE OF INFORMATION

CONSENT

I/We, the undersigned, authorize and direct any Individual, Business, Organization, Federal, State or Local Agency to release and/or verify any information which is deemed necessary in connection with the processing of my/our application for residency.

INFORMATION COVERED

I/We understand that, depending on policies and requirements, previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include but are not limited to:

Identity and Marital Status	Medical Allowances
Residences and Rental Activity	Employment, Income and Assets
Credit and Criminal Activity	Student Status

GROUP OR INDIVIDUAL THAT MAY BE ASKED

The groups or individuals that may be asked to release/verify the above information (depending on program requirements) include, but are not limited to:

Medical Providers	Retirement Systems
Utility Companies	Credit Providers and Credit Bureau
Past and Present Employers	Welfare Agencies
State Unemployment Agencies	Social Security Administration
Veterans Administration	Banks and Other Financial Institutions
Previous Landlords (including Public Housing Agencies)	Law Enforcement Agencies
Court and Post Offices	

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the management office and will stay in effect for two years from the date signed. I understand I have the right to review my file and correct any information that I can prove is incorrect. **SIGNATURES:**

(Signature)	(Print Name)	(Date)
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(Co-Signature)	(Print Name)	(Date)
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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.