TENANT RELEASE AND CONSENT

I/We			ereby authorize all persons or
companies in the categories listed be information on my/our rental applica			
INFORMATION COVERED			
I/We understand that previous be requested include, but are not li allowances. I/We understand that the eligibility for and continued participations.	mited to: personal identity, s his authorization cannot be us		ne, assets, medical or child care
GROUPS OR INDIVIDUALS TH	AT MAY BE ASKED		
The groups or individuals th	nat may be asked to release the	above information include, but are	not limited to:
Past and Present Employers Support and Alimony Providers Educational Institutions Banks and other Financial Institutions	Welfare agencies State Unemployment Agencies Social Security Administration Previous Landlords (including Public Housing Agencies) Veterans Administrations Retirement Systems Medical and Child Care Providers		
CONDITIONS			
I/We agree that a photoco authorization is on file and will stay review this file and correct any infor-	in effect for a year and one n	y be used for the purposes state nonth from that date signed. I/We	
SIGNATURES			
Applicant/Resident	Print Name	Social Security #	Date
Co/Applicant/Resident	Print Name	Social Security #	Date
Adult Member	Print Name	Social Security #	Date
Adult Member	Print Name	Social Security #	Date
	Manager		

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 A TAX FORM" MUST BE PREPARED AND SIGNED SEPERATLEY.

Address

Landlord Name

Phone