Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sun Street Apartments

9 Sun Street, Unit 9C

Salinas, CA. 93901

(831) 444-1322

**CONSENT FOR THE RELEASE**

**OF PERSONAL & CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize

Sun Street Apartments,9 Sun Street, #9C Salinas, CA. 93901

to disclose to Tom Fichera, On Site Manager/Agent

THE FOLLOWING INFORMATION

\_\_\_ criminal background \_\_ rehabilitation treatment programs \_\_ counselor (s) interviews

\_\_ urinalysis/laboratory results \_\_ rehabilitation aftercare requirements \_\_ current employment

\_\_ parole or probation requirements \_\_ past housing history \_\_ friends or family

\_\_ other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please Initial ALL Areas

Purpose of Disclosure

Background Check Disclosure AT414

A consumer report is a background check in which information (which may include, but not limited to, criminal background, **character, general reputation, personal characteristics, and mode of living)** about you is gathered and communicated by a consumer reporting agency (“CRA”)

to James M. Lewis, d/b/a Sun Street Apartments. Sun Street Apartments may obtain a consumer report(s) on you **to be used for housing purposes only.**

I understand that my alcohol and or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R part 2 and the Health Insurance Portability and Accountability Act of 1996 (“HIPPA”), 45 C.F.R. parts 160 and 164, and cannot be disclosed without my written consent unless otherwise provided for and by the regulations, I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically after 1 YEAR after date of this signed document.

Signature of Applicant Date:

Signature of Staff/Counselor (if applicable) Date: