

# Consent to Release Information

## CONSENT:

I authorize and direct any Federal, State or local agency, organization, business or individual to release information that will verify certain facts as represented on my application to rent an apartment with Artelyn Enterprises.

This includes records of my rental payment history including a general credit report, any violations of my lease or occupancy policies, employment history including contacting my present and past employers or other such records and information as needed by management pursuant to the property's established Admission and Occupancy Policy.

I also authorize Artelyn Enterprises to release any information to other parties as they see fit. I hereby waive all claims, demands, damages and causes of action as a result of any release of any of the above information.

## INFORMATION COVERED:

Verifications and inquiries that may be requested include, but are not limited to:

Identity	Employment
Income	Criminal Activity
Residence Activity	Credit

This form cannot be used to request a copy of a tax return. If a copy is needed, a separate form must be prepared stating: "Request for Copy of Tax Form".

## GROUPS THAT MAY BE ASKED:

Previous Landlords	Past and Present Employers
Courts and Post Office	Schools and Colleges
Law Enforcement Agencies	Utility Companies
Credit Providers and Credit Bureaus	Banks or other Financial Institutions
Present and Past Neighbors	

## CONDITIONS:

I agree that a photocopy or facsimile of this authorization may be used for the purposes stated above. The original is on file in the management office and will stay in effect for a year and a month from the date signed or if a lease is signed, 5 years from the date of all terms of the lease being satisfied. I understand I have a right to review my file and correct any information that I can prove incorrect.

## SIGNATURES:

_____ Applicant	_____ Print Name	____ / ____ / ____ Date
_____ Co-applicant	_____ Print Name	____ / ____ / ____ Date