



1077 Ralph D. Abernathy Boulevard, S.W.
Atlanta, Georgia 30310
PHONE – (404) 753-7373
Fax – (404) 753-8859

Signature Authorization For Release of Information

I _____ (print full legal name), do hereby authorize Apollo Associates Realty to release any information or materials that are deemed necessary to complete and to verify my application for residency. The information needed may include a consumer credit report, criminal history reports from any state or local criminal justice agency, verification of past & present employment, income, and past & present residency from mortgage companies and landlord references. It is understood that a photocopy of this form will also serve as authorization for completing any attached forms. The information Apollo Associates Realty obtains is only to be used in the processing of my application.

I also acknowledge by my signature below the following privacy act notice statement.

This information is to be used by the agency collecting it in determining whether you qualify as a prospective resident. It will not be disclosed outside the agency without your consent except to financial institutions for verification of your deposits and as required and permitted by law. You do not have to give this information, but if you do not, your application for approval as a prospective resident may be delayed or rejected. This information request is authorized by Title 38. U.S.C. Chapter 37 (if VA); by 12 U.S.C., Section 1701 et seq., (if HUD/FHA); and by U.S.C., Section 1452b (if HUD/CPA).

_____/_____/_____
Applicant Signature **Today's Date**

Present Street Address

City, State, & Zip Code

_____/_____/_____
Date of Birth **Social Security Number**