



**TENANT RELEASE AND CONSENT**

I/We \_\_\_\_\_, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to **Apollo Associates Realty** for purposes of verifying information on my/our apartment rental application.

**INFORMATION COVERED**

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity; employment, income, and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to the rental criteria required by **Apollo Associates Realty**.

The groups or individuals that may be asked to release the above information include, but are not limited to:

- |  |                                  |  |
|--|----------------------------------|--|
| Past and Present Employers                             | Welfare Agencies                 | Veterans Administration                |
| Previous Landlords (including Public Housing Agencies) | State Unemployment Agencies      | Retirement System                      |
| Support and Alimony Providers                          | Social Security Administration   | Banks and other Financial Institutions |
|  | Medical and Child Care Providers |  |

**CONDITIONS**

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that is incorrect.

_____ Applicant/Resident Signature	_____ (Print Name)	_____ Date
_____ Co-Applicant/Resident Signature	_____ (Print Name)	_____ Date
_____ Adult Occupant	_____ (Print Name)	_____ Date
_____ Adult Occupant	_____ (Print Name)	_____ Date